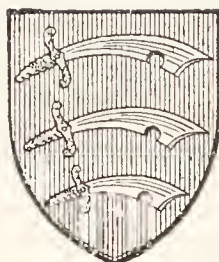


LXVI.  
1955



ADMINISTRATIVE COUNTY OF ESSEX

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**REPORT**  
OF THE  
**Medical Officer of Health**  
FOR THE YEAR  
**1955**

**GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.**  
COUNTY MEDICAL OFFICER OF HEALTH

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## HEALTH COMMITTEE

31st December, 1955

Established as required by the National Health Service, Act, 1946—Chairman and Vice-Chairman of the Council and Alderman W. J. Bennett (Past Chairman of the Council) ex-officio, thirty-four other members of the Council and nineteen other persons.

Chairman—K. E. B. GLENNY, O.B.E., J.P.

Vice-Chairman—MRS. S. M. BOVILL

Anfilogoff, Dr. N. L., F.R.I.C., F.Inst.Pet.	Forster, Miss D. D.
Ball, Mrs. M.	*Foster, Sir Frank, C.B.E., J.P.
Bates, Mrs. E. M.	Hills, H. J.
*Bennett, W. J., C.B.E., J.P.	Hollis, Mrs. E. F. M.
Berry, A. C.	Johnston, Mrs. E., J.P.
Bredo, Mrs. M.	McEntee, The Lady, O.B.E., J.P.
Brewster, Mrs. E. F. M.	McNamara, W. E.
Bridge, H. A., J.P.	Olsen, Mrs. E. M. Ström
Burrell, Mrs. A. M. M.	Paige, Mrs. M. H.
Chamberlin, Mrs. G. M.	Phillips, Dr. M. A.
*Chaplin, G. F., J.P.	Saywood, Mrs. E. C.
Clark, Mrs. R.	Thomas, Mrs. A. R.
Cooper, Mrs. C. A., O.B.E.	Tilbury, G. S., J.P.
Cottis, P. G., J.P.	Turner, H. R.
Cullen, F.	Underwood, Mrs. P. R. C.
Dell, Mrs. A. W.	Vaughan, F. J.
Fallaize, Mrs. L., J.P.	Wortley, F. A.
	Young, Major A. M., T.D., J.P.

\*Ex-officio Member

*Other Members*

*Appointed by the County Council*

C. F. H. Green, 493, Aldborough Road, Ilford, Essex.  
O. L. Oxley, Little Thurrock Hall, Little Thurrock, Essex.  
The Dowager Lady Rayleigh, O.B.E., Aldenham Park, Bridgnorth, Shropshire.

*Nominated*

Mrs. M. Allen, W.V.S., County Office, 171-177, New London Road, Chelmsford, Essex.  
H. E. Bates, M.M., J.P., 40, Birch Avenue, Dovercourt, Essex.  
Mrs. F. M. Cottee, J.P., 21, Castle Road, Rayleigh, Essex.  
Lt.-Commander H. Denton, R.N. (Retd.), O.B.E., Roydene, Main Road, Dovercourt, Essex.  
Mrs. B. E. Double, J.P., 8, St. John's Road, Chelmsford, Essex.  
Mrs. J. H. Engwell, 138, Ripple Road, Barking, Essex.  
H. A. Girt, "Torsdale," Hadleigh Road, Frinton-on-Sea, Essex.  
Mrs. J. Hammond, O.B.E., J.P., 28, Dawlish Road, London, E.10.  
Mrs. L. A. Irons, J.P., 64, Lynton Avenue, Collier Row, Romford, Essex.

Mrs. A. E. Prendergast, 53, Western Avenue, Dagenham, Essex.  
 E. C. Redhead, J.P., 2, Mapperley Drive, Woodford Green, Essex.  
 Mrs. R. J. Reynolds, Jersey House, Church Road, Harold Wood, Essex.  
 Mrs. L. M. Scott, 40, Englands Lane, Loughton, Essex.  
 Mrs. M. L. Watts, 26, Stonehall Avenue, Ilford, Essex.  
 Dr. J. D. Wells, O.B.E., Billericay, Essex.  
 Lt.-Colonel C. L. Wilson, O.B.E., M.C., Red Cross House, 200, London Road,  
 Chelmsford, Essex.

## SUB-COMMITTEES

Designation.		Responsible to Health Committee for
North-East Essex	Health Area Sub- Committees	The functions set out in the "Arrangements for Decentralisation of Local Health Authority Functions" relating to the day-to-day administration of the services provided under Sections 21, 22, 23, 24, 25, 26, 28 and 29 except those staff matters which are the function of the following Sub-Committees
Mid-Essex		
South-East Essex		
South Essex		
Forest		
Romford		
Barking		
Dagenham		
Ilford		
Leyton	Staff Sub- Committees	Exercising in lieu of Health Area Sub-Committees functions relating to the appointment of staff in receipt of a salary of not exceeding £1,000 a year.
Walthamstow		
Mid-Essex		
South-East Essex		
South Essex		
Forest		
Romford		
Barking		
Dagenham		
Ilford		
Leyton		
Walthamstow		
Mental Health Sub-Committee		The Mental Health Service (Sections 28 and 51).
Ambulance Sub-Committee		The Ambulance Service (Section 27)
Ambulance (Special Powers) Sub-Committee		The termination of the employment of operational staff of the Ambulance Service by dismissal or otherwise.
Training Homes Management Sub-Committee		The management of the Training Homes and Branch Homes (except Colchester and Walthamstow).
Funds Sub-Committee		The administration of moneys received from former County and District Nursing Associations.



## Designation

## Responsible to Health Committee for.

Medical and Nursing Services  
Sub-Committee

The filling of vacancies arising in posts on the medical and nursing staff under the control of both the Health Committee and the Education Committee which are not the responsibility of some other Committee or Sub-Committee.

Finance Sub-Committee

Annual estimates, payment of accounts and expenditure generally.

General Purposes  
Sub-Committee

All functions not delegated to any other Sub-Committee, policy generally, and all public health, housing and public order functions.

## STAFF OF HEALTH DEPARTMENT

31st December, 1955

## 1. CENTRAL OFFICE

*County Medical Officer of Health:*

GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

*Deputy County Medical Officer of Health:*J. A. C. FRANKLIN, M.B., B.S., D.P.H.  
(Commenced 14.3.55)*Senior Medical Officers:*CHRISTINA GRANT, M.B., Ch.B., D.P.H. (Barrister-at-Law)  
(Preventive Medicine)H. J. GRIFFITHS, M.R.C.S., L.R.C.P., D.P.H.  
(Mental Health)HILDA MENZIES, M.D., Ch.B., D.P.H.  
(Midwifery and Home Nursing)T. K. WHITMORE, M.R.C.S., L.R.C.P., D.C.H.  
(Child Health)  
(Commenced 15.8.55)*Medical Officer for Certification Duties:*

\* LILIAN BATES, M.D., (Paris), D.P.H.

*Chief Dental Officer:*J. BYROM, L.D.S.  
(Commenced 6.6.55)*County Health Visiting Adviser:*

\* MISS E. K. TRILLWOOD, S.R.N., S.C.M., Q.N., H.V.Cert.

*Non-Medical Supervisor of Midwives:*

\* MISS E. SANDBACH, S.R.N., S.C.M., Q.N., H.V.Cert.

*Day Nursery Supervisor:*

\* MISS D. V. E. NEALE, S.R.N., S.C.M.

*Health Visitor Tutor:*MISS K. LYNCH, S.R.F.N., S.R.N., S.C.M., H.V. Tutor Cert.  
(Commenced 7.9.55)*County Domestic Help Organiser:*

MISS G. H. JENKINS

\* Part Time Officer.

*County Health Inspector :*

F. A. IRVING, B.Sc. (Est. Man.), D.P.A., (London), M.S.I.A.

*Assistants :*

S. E. WILLIS, M.S.I.A.

W. J. HODGKINS, M.R.S.H.

*Sampling Officer :*

A. G. CHAMBERS

*County Ambulance Officer :*

S. E. J. HART, M.I.R.T.E., A.M.I.B.E.

*Assistant :*

R. C. G. LANGFORD, F.I.C.A.P.

*Supervising Duly Authorised Officer and Petitioning Officer :*

A. L. BARTON

*Assistant Supervising Duly Authorised Officer and Petitioning Officer :*

K. M. SKINGLEY

*Statistician :*

W. LEAK, B.A.

*Health Education Organiser :*

W. G. PENN

*Senior Lay Administrative Assistant :*

S. G. CLARKE

*Chief Clerk :*

J. G. COX

**2. CENTRALLY ADMINISTERED SERVICES***Ambulance Service :*

Station Officers	.....	.....	.....	.....	.....	.....	.....	.....	26
Assistant Station Officers	.....	.....	.....	.....	.....	.....	.....	.....	32
Head Drivers	.....	.....	.....	.....	.....	.....	.....	.....	3
Driver Attendants	.....	.....	.....	.....	.....	.....	.....	.....	467
Attendants	.....	.....	.....	.....	.....	.....	.....	.....	4
Controllers	.....	.....	.....	.....	.....	.....	.....	.....	2
Control Room Assistants	.....	.....	.....	.....	.....	.....	.....	.....	4
Clerk Telephonists	.....	.....	.....	.....	.....	.....	.....	.....	33

*Mental Health Service :*

Duly Authorised Officers	.....	.....	.....	.....	.....	.....	.....	.....	24
Occupation Centre Supervisors	.....	.....	.....	.....	.....	.....	.....	.....	10
Occupation Centre Assistant Supervisors	.....	.....	.....	.....	.....	.....	.....	.....	7
Occupation Centre Assistants	.....	.....	.....	.....	.....	.....	.....	.....	23
Occupation Centre Assistant Instructors	.....	.....	.....	.....	.....	.....	.....	.....	5
Mental Welfare Officer	.....	.....	.....	.....	.....	.....	.....	.....	1

*Training Homes :*

Superintendents	.....	.....	.....	.....	.....	.....	.....	.....	2
Other Nursing Staff	.....	.....	.....	.....	.....	.....	.....	.....	*87
Pupil Midwives (Part II)	.....	.....	.....	.....	.....	.....	.....	.....	24
Student District Nurses	.....	.....	.....	.....	.....	.....	.....	.....	8

\*Includes 15 part-time employees

### 3. AREA STAFFS

#### North-East Essex Health Area

##### MEDICAL OFFICERS

###### *Area Medical Officer :*

\*JOHN D. KERSHAW, M.D., B.S., D.P.H.

(also Part-time Medical Officer of Health, Borough of Colchester and Port Health Authority)

###### *Assistant County Medical Officers :*

ANN B. CLARK, M.R.C.S., L.R.C.P.

\*E. A. HARGREAVES, M.R.C.S., L.R.C.P., D.P.H.

(also Part-time Medical Officer of Health, Urban Districts of West Mersea and Wivenhoe and Rural District of Lexden and Winstree)  
(Commenced 1.12.55)

\*J. R. HETHERINGTON, L.R.C.P. & S., L.R.F.P.S., D.P.H.

(also Part-time Medical Officer of Health, Borough of Harwich and Port Health Authority)

SYLVIA I. E. MACMILLAN, M.B., B.S., D.P.H.

\*R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

(also Part-time Medical Officer of Health, Urban Districts of Brightlingsea, Clacton and Frinton and Walton and Rural District of Tendring)  
(Commenced 1.1.56)

\*J. S. RANSON, M.R.C.S., L.R.C.P., D.P.H.

(also Part-time Medical Officer of Health, Urban District of Halstead and Rural District of Halstead)

ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P., D.C.H.

In addition there are four Medical Officers undertaking eight sessions a week on a sessional basis.

##### DENTAL OFFICERS

R. A. TRAN, L.D.S.

\*J. F. GODFREY, L.D.S.

In addition there are three Dental Officers undertaking 13 sessions a week on a sessional basis.

#### Mid-Essex Health Area

##### MEDICAL OFFICERS

###### *Area Medical Officer :*

\*J. L. MILLER WOOD, M.R.C.S., L.R.C.P., D.P.H.

(also Part-time Medical Officer of Health, Borough of Chelmsford)

###### *Assistant County Medical Officers :*

\*T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.

(also Part-time Medical Officer of Health, Borough of Maldon and Port Health Authority (Urban District of Burnham-on-Crouch, and Rural Districts of Chelmsford and Maldon).)

\* *Part Time Officer.*



JOYCE W. BROWN, M.B., Ch.B., D.P.H.

DEIRDRE D. DOOLEY, L.R.C.P.&S., D.P.H.

\*IRENE M. CONWAY HASTILOW, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.C.H.,  
D.Obst.R.C.O.G.

(also Part-time Medical Officer of Health, Borough of Saffron Walden, and Rural District of  
Saffron Walden)

MURIEL PARKES, B.A., M.B., B.Ch., B.A.O.

\*C. R. C. RAINSFORD, M.D., D.P.H., D.T.M.

(also Part-time Medical Officer of Health, Urban Districts of Braintree and Bocking, and  
Witham, and Rural Districts of Braintree and Dunmow).

(Commenced 23.5.55)

ANNETTE WYATT, M.D., B.S., M.R.C.S., L.R.C.P.

MARGARET TURNER, M.R.C.S., L.R.C.P.

In addition there are six Medical Officers undertaking an average of 12 sessions a week on a  
sessional basis.

### DENTAL OFFICERS

B. G. BROWN, L.D.S.

A. M. HUGHES, L.D.S., M.R.C.S., L.R.C.P.

MRS. N. S. MEZITS, Dental Doctor, Latvia

In addition there are two Dental Officers undertaking nine sessions a week on a sessional  
basis.

### South-East Essex Health Area

#### MEDICAL OFFICERS

*Area Medical Officer :*

\*W. J. MOFFAT, M.B., Ch.B., D.P.H.

(also Part-time Medical Officer of Health, Rural District of Rochford)

*Assistant County Medical Officers :*

JEAN BUCHANAN, M.B., Ch.B.

J. C. T. FIDDES, M.B., Ch.B.

T. H. J. HARGREAVES, M.R.C.S., L.R.C.P.

\*N. S. R. LORRAINE, M.D., Ch.B., D.P.H.

(also Part-time Medical Officer of Health, Urban Districts of Benfleet, Canvey Island and  
Rayleigh)

\*P. X. O'DWYER, M.B., B.Ch., D.P.H.

(also Part-time Medical Officer of Health, Urban District of Basildon)

J. REACH, M.D. (Prague)

JEAN TROUGHTON, L.R.C.P.&S.

#### DENTAL OFFICERS

H. J. CRACKNELL, L.D.S.

H. LEVISON, B.D.S., L.D.S.

R. MAXWELL, L.D.S.

\*H. L. THORN, L.D.S.

In addition there are five Dental Officers undertaking 18 sessions a week on a sessional basis.

*\* Part Time Officers.*

## South Essex Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*W. T. G. BOUL, M.B.E., M.D., D.P.H., F.Z.S.  
(also Part-time Medical Officer of Health, Urban District of Thurrock)

#### *Assistant County Medical Officers :*

URSULA M. ANDERSON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
A. R. FORBES, M.B., Ch.B., D.P.H.  
ELIZABETH M. HARGREAVES, M.B., Ch.B., D.P.H.  
R. G. HENDRY, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.  
MARY M. E. RUTTER, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., M.D., D.P.H.  
ANIELA A. SZWEDE, M.B., Ch.B.  
DORIS E. C. WALKER, M.B., B.S., L.R.C.P., M.R.C.S., D.A.  
\*S. R. WARREN, M.B., Ch.B., D.P.H.  
(also Part-time Medical Officer of Health, Urban District of Brentwood)  
(Commenced 1.6.55)  
MAIR E. WILLIAMS, M.R.C.S., L.R.C.P.

### DENTAL OFFICERS

R. A. COLLINS, L.D.S.  
MRS. C. GRIESHABER, Doctor Medicinal Dentium, Berlin University  
MRS. O. SAUNDERS, Diploma of Dental Surgery, Latvia  
In addition there are three Dental Officers undertaking six sessions a week on a sessional basis.

## Forest Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*F. G. BROWN, T.D., M.B., B.Ch., B.A.O., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Wanstead and Woodford)

#### *Assistant County Medical Officers :*

\*J. H. CROSBY, M.B., Ch.B., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Chingford)  
GISELLA EISNER, M.D. (Prague), D.C.H.  
E. L. EWAN, M.B., Ch.B., B.Hy., D.P.H.  
\*H. FRANKS, M.B., B.S., B.Hy., D.P.H.  
(also Part-time Medical Officer of Health, Urban Districts of Chigwell and Waltham Holy Cross)

In addition there are two Medical Officers undertaking six sessions a week on a sessional basis.

### DENTAL OFFICERS

MRS. L. E. BROADBENT, L.D.S.  
MRS. E. KIMELMAN, M.D. (Vienna)  
C. S. NEAME, L.D.S.  
In addition there are five Dental Officers undertaking 13 sessions a week on a sessional basis.

\* Part Time Officers.

## Romford Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*JAMES B. SAMSON, M.D., Ch.B., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Romford)

#### *Assistant County Medical Officers :*

FREDA M. E. BUCHANAN, B.A., M.B., B.Ch., B.A.O., D.A.

J. J. DUFFY, M.B., B.Ch., B.A.O., D.P.H.

R. C. GREENBERG, M.B., B.S., D.P.H.

ELIZABETH M. HAGA, M.B., B.S., L.R.C.P., D.P.H.

### DENTAL OFFICERS

MISS M. L. ELL, L.D.S.

MRS. D. SHIRLAW, L.D.S.

## Barking Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*F. L. GROARKE, M.B., L.M., D.C.H., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Barking)  
(Commenced 1.10.55)

#### *Assistant County Medical Officers :*

\*MARGARET I. ADAMSON, M.B., Ch.B., D.P.H.  
(also Part-time Deputy Medical Officer of Health, Borough of Barking)

EILEEN E. MARTIN, M.B., Ch.B.

EUGENIA POPPER, M.D. (Vienna)

A. E. SELIGMANN, M.D. (Leipzig), D.T.M.&H.

VIOLET SPILLER, M.D. (Geneva), M.R.C.S., L.R.C.P., D.P.H.

MARY H. WESTLAKE, M.B., Ch.B., D.P.H.

### DENTAL OFFICERS

A. R. LEVY, L.D.S.

H. H. COOKE, L.D.S.

J. BUNTIN, L.D.S.

MISS MARGARET M. MURRAY, B.D.S.(N.U.I.)

MISS ALICE O. JOYCE, B.D.S.(N.U.I.)

In addition there are two Dental Officers undertaking seven sessions a week on a sessional basis.

\* Part Time Officers.

## Dagenham Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*J. ADRIAN GILLET, M.B., Ch.B., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Dagenham)  
(Commenced 1.9.55)

#### *Assistant County Medical Officers :*

CATHERINE FITZPATRICK, M.B., B.Ch.  
FANNIE HIRST, M.B., Ch.B., D.P.H.  
WILHELMINA C. MAGUIRE, L.M., L.R.C.P., L.R.C.S.I.  
MADELINE WEIZMANN, M.R.C.S., L.R.C.P.

In addition there is one Medical Officer undertaking one session each week on a sessional basis.

### DENTAL OFFICERS

There are five Dental Officers undertaking 17 sessions a week on a sessional basis.

## Ilford Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Ilford)

#### *Assistant County Medical Officers :*

\*DESIREE M. B. GROSS, M.D., Ch.B., M.M.S.A., D.P.H.  
(also Part-time Deputy Medical Officer of Health Borough of Ilford)  
ANNIE COLLINS, M.B., B.Ch., B.A.O.  
FRANCES E. O'CONNOR, B.A., M.B., B.Ch., B.A.O., D.P.H., L.M.  
HELEN B. GRANGE, M.B., B.S.  
JOAN M. POOLEY, M.B., B.S., D.C.H.  
R. M. NOORDIN, M.R.C.S., L.R.C.P.

### DENTAL OFFICERS

#### *Senior Dental Officer :*

E. V. HAIGH, L.D.S.

In addition there are 10 Dental Officers undertaking 28 sessions a week on a sessional basis.

## Leyton Health Area

### MEDICAL OFFICERS

#### *Area Medical Officer :*

\*M. WATKINS, M.R.C.S., L.R.C.P., D.P.H.  
(also Part-time Medical Officer of Health, Borough of Leyton)  
(Commenced 1.8.55)

\* Part Time Officers.



*Assistant County Medical Officers :*

ETHEL R. EMSLIE, M.D., Ch.B., D.P.H., D.C.H.

\*MARY L. GILCHRIST, M.D., Ch.B., D.P.H.

(Also part-time Deputy Medical Officer of Health, Borough of Leyton).

S. C. LOVELL, M.R.C.S., L.R.C.P.

ELSIE L. PEET, M.D., M.B.

In addition there are three Medical Officers undertaking five sessions a week on a sessional basis.

**DENTAL OFFICERS***Senior Dental Officer :*

A. E. HALL, L.D.S.

and nine Dental Officers undertaking 27 sessions a week on a sessional basis.

**Walthamstow Health Area****MEDICAL OFFICERS***Area Medical Officer :*

\*A. T. W. POWELL, M.C., M.B., B.S., D.P.H.

(also Part-time Medical Officer of Health, Borough of Walthamstow)

*Assistant County Medical Officers :*

\*GEOFFREY POOLE, M.B., B.S., D.Obst. R.C.O.G., D.P.H.

(also Part-time Deputy Medical Officer of Health, Borough of Walthamstow)

(Commenced 1.12.55)

\*MARJORIE BELL, M.B., B.S., D.C.H.

ROSHAN BULSARA, M.D., M.S., M.R.C.O.G.

JOYCELINE H. NEWMAN, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

**DENTAL OFFICERS***Senior Dental Officer :*

L. W. ELMER, L.D.S.

*Dental Officers :*

MISS D. ANKLESARIA, L.D.S.

R. E. HYMAN, L.D.S.

P. PEARCE, B.D.S.

G. P. L. TAYLOR, L.D.S.

J. TIMMIS, L.D.S.

In addition there is one Dental Officer undertaking three sessions a week on a sessional basis.

\* Part Time Officers.

## Health Visitors, Midwives, Medical Auxiliaries, etc.:

				Whole-time		Part-time
Superintendent Health Visitors	.....	.....	.....	9	.....	2
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	.....	.....	.....	6	.....	1
Domestic Help Organisers	.....	.....	.....	17	.....	—
Health Visitors, Tuberculosis Visitors and School Nurses	.....	.....	.....	220	.....	30
Clinic Nurses	.....	.....	.....	13	.....	26
Midwives	.....	.....	.....	58	.....	2
Home Nurse Midwives	.....	.....	.....	201	.....	9
Homes Nurses	.....	.....	.....	52	.....	18
Dental Technicians	.....	.....	.....	8	.....	—
Dental Attendants	.....	.....	.....	37	.....	11
Chiropodists	.....	.....	.....	16	.....	8
Occupational Therapists	.....	.....	.....	2	.....	—
Speech Therapists	.....	.....	.....	14	.....	7
Day Nursery Matrons	.....	.....	.....	22	.....	—
Day Nursery Deputy Matrons	.....	.....	.....	19	.....	—
Day Nursery Wardens	.....	.....	.....	20	.....	—
Day Nursery Nurses and Nursery Assistants	.....	.....	.....	107	.....	1
Day Nursery Students in Training	.....	.....	.....	89	.....	—
Domestic Helps	.....	.....	.....	45	.....	2,092
Psychiatric Social Workers	.....	.....	.....	7	.....	2
Oral (Dental) Hygienists	.....	.....	.....	2	.....	—

## PREFACE

---

COUNTY HALL,

CHELMSFORD,

*August, 1956.*

*To the Chairman and Members of the Health Committee.*

Sir, My Ladies, Ladies and Gentlemen,

I have the honour to present my Annual Report as your County Medical Officer of Health for the year 1955—my first full year in that office. As usual the drafts, upon which each section of the Report is based, have been prepared by the Senior Officers of the Department. I should like to make the following comments on some noteworthy items that are recorded.

### Vital Statistics

The live birth rate continued its steady decrease, but did not depart materially from its relationship to the rate for the whole country. There was a slight rise in the infant mortality rate from the exceptionally low figure recorded last year.

The death rate was higher than the low rate recorded last year but was still lower than the average for the last five years. The increase in the cancer mortality rate continues steadily. In this connection the increase in respiratory cancer attracts most public attention and the figures for Essex are in no way exceptional. During the year the Director-Consultant in Health Statistics of the World Health Organisation published <sup>(1)</sup> figures relating to mortality from this cause for the years 1949-52 for 15 European and five non-European countries. These show that generally there is a higher mortality amongst men than amongst women and what is of interest to us in this country is that throughout the four-year period England and Wales had a higher rate per 100,000 population than any of the other countries. The subject is therefore one which requires close attention.

### Food Hygiene

There is only a brief reference in the Report to the subject of food hygiene, due to the fact that the Food Hygiene Regulations, 1955, made under the Food and Drugs Act, 1955, were not received until the end of the year. Full particulars of the action taken to ensure compliance with the Regulations in County Council establishments will be given in next year's Report.

From the point of view of the public health the cleanliness of food premises and equipment is to-day probably one of the major health problems with which local authorities have to deal. Not only is an outward appearance of cleanliness absolutely essential but attention must be given to a large number of hidden factors such as the freedom from bacteriological contamination of dish cloths and drying cloths, the survival of wooden sinks and roller towels,

(1) Bull. Wld. Hlth. Org. (1955) 12 687—704



the inadequacy of ventilation and what is perhaps the greatest factor of them all, the human element. There is much to be done and it is to be hoped that the new Regulations will provide the means for effecting the improvements which are so necessary in some instances.

### The National Health Service

In its seventh year it was, I think, possible to see some evidence that the National Health Service was surmounting its initial difficulties and that the co-operation and integration which had been talked about so much were moving into the realm of reality, and were becoming generally acceptable. The service in Essex has always been particularly fortunate in this respect and the relationships between its three branches leave nothing to be desired. I gratefully acknowledge all the assistance which I receive daily from hospital officers on the one hand and family doctors on the other.

### Health Centres

It is pleasing to be able to report for the second year in succession that a Health Centre has been completed and opened. The Centre at Aveley which was officially opened by the Rt. Hon. Iain Macleod, then Minister of Health, on 16th December, 1955, is the second in Essex, and the County has thus, very probably, the distinction of being the first Local Health Authority to provide two Health Centres accommodating all the services envisaged in Section 21 of the National Health Service Act, 1946. This provision in the Act seemed designed to encourage that integration and co-operation which is admitted on all sides to be essential, and the fact that Health Centres have not materialised to any great extent, probably accounts for the fact that the service has progressed only very haltingly towards a unity of purpose. Signs are not wanting that something of this is at last being appreciated and Health Centres may therefore again become a subject for serious consideration.

The greatest anxiety of all concerned with the provision of Health Centres is, however, the prime cost. The two Centres in Essex have each cost over £40,000. Whether this figure could be reduced by the erection of a structure of a less permanent type is a subject outside my province, but it is perhaps a point worth considering. As an example of what can be done in this respect we must turn to the new town of Harlow where, under the aegis of the Nuffield Provincial Hospitals Trust, three buildings planned with much thought for economy combined with efficiency have been provided to perform the functions of Health Centres. They are single-storey buildings and lack nothing so far as spaciousness is concerned, the architecture is pleasant, the layout is good and the prime cost was minimal—being no more than £20,000 for each building. Dr. Stephen Taylor and others very ably described all that went to the realisation of this project in the *Lancet* dated 22nd October 1955 <sup>(2)</sup>, commemorative plaques having been unveiled in each of the Centres by Lord Nuffield himself five days previously.

(2) The *Lancet* ii 1955 p. 863



## Distribution of Welfare Foods

Some comment should be made on the subject of the distribution of welfare foods—the first service to be added to the responsibilities of Local Health Authorities since the establishment of the National Health Service in 1948—as a result of its first full years working. The welfare foods undoubtedly played their part in maintaining nutritional standards for a most important section of the population in times of stress, and as will be noted from the body of the Report the Minister of Health expressed concern during the year in regard to a noticeable decline in consumption. Only cod liver oil and national dried milk contributed to this decline in Essex. The general falling off in the uptake is in all probability due to the more ready availability of proprietary brands and the increasing supplies of fresh fruit, but the position needs to be watched carefully.

## Youth and Age

As will be seen from the statistics published in connection with the Domestic Help Service the aged sick and non-sick make increasing demands on that service—3,365 persons provided with 690,112 hours of help in 1952 compared with 6,226 persons provided with 1,106,998 hours in 1955.

One of the major problems of our times is the making of the necessary provision for old people when they reach the stage that they are no longer able to look after themselves or otherwise become a burden to others. It is, of course, much to be desired that a solution should be found within the family and at home and it is therefore all to the good that demands should be made on the Domestic Help Service. The Health Visitor has also her role to play in giving advice and guidance, not only so far as the younger members of the family are concerned but in regard to the rest of them—including the oldest of all.

But in our proper concern for the welfare of the aged we must not overlook the claims of youth to their share of our health services. Infant welfare and school health are accepted facets of our community life, but concern for the health and well-being of young people entering industry or embarking upon National Service is not so firmly based. The edifice needs to be completed and I would suggest again that the Health Visitor in her concern for the health of the family as a whole is the keystone.

## Conclusion

I gratefully acknowledge the support and encouragement which I have received from all members of the Committee and wish to thank the whole of the staff of the Department for the loyal assistance which they have given me throughout the year.

I have the honour to be,

Your obedient servant,

*Geo. G. Stewart*

County Medical Officer of Health.

## SECTION I—STATISTICAL ACREAGE AND POPULATION

During the year 1955 the area of the Administrative County remained at 959,463 acres or about 1,500 square miles. The Urban District of Harlow was created from the Rural District of Epping and the remainder of that Rural District was combined with the Rural District of Ongar to form the Epping and Ongar Rural District. The name of the Urban District of Billericay was changed to Basildon and there was an adjustment of the boundary between the Braintree and Dunmow Rural Districts whereby the latter gained 322 acres and a population of about 30. The acreage and estimated mid-year home population for the new county districts and others for which there has been no alteration are given in Table I on page 123, which also gives similar figures for the aggregate of urban and rural districts and for the eleven health areas into which the County is divided for the day-to-day administration of most of the functions of the County Council as local health authority.

The estimated mid-year home population of the County was 1,704,200, an increase of 31,700 over 1954 compared with increases of 28,400, 23,100 and 20,100 in the three preceding years. The natural increase of population during the year was 7,085 and thus the balance of inward over outward migration was over 24,000. Of this very large figure, some 10,000 is due to the development of the new towns of Basildon and Harlow and a similar amount to other housing development in the south of the county particularly in the Hornchurch, Brentwood and Benfleet-Rayleigh-Rochford areas.

### VITAL STATISTICS

The principal vital statistics of the Administrative County, Health Areas and County Districts are given in Table I on page 123. The birth and death rates for the Administrative County have been abstracted and are given below with corresponding figures for 1954 and for England and Wales in both years :—

	<i>Essex</i>		<i>England and Wales</i>	
	1954	1955	1954	1955
Live Birth Rate per 1,000 population .....	14.5	14.3	15.2	15.0
Still Birth Rate per 1,000 live births .....	22.7	21.7	23.5	23.1
Death Rate per 1,000 population .....	9.7	10.1	11.3	11.7
Infant Mortality Rate per 1,000 live births	21.1	22.1	25.4	24.9



When comparing Essex with England and Wales it is necessary to multiply the live birth rate and the death rate by the appropriate comparability factors to allow for the different age structures in the two populations. The birth and death rates thus adjusted are 14.0 and 10.3. These rates and also those given above for still births and infant mortality are lower than for the country as a whole.

### Live Births.

The number of live births registered during the year was 24,290 giving a birth rate of 14.3 compared with rates of 14.6, 14.5, 14.8 and 14.5 in the years 1951 to 1954. The movement in the county birth rate is an average of the movements in three different parts of the county. In the developing area in the south of the county and at Harlow, birth rates on an average have risen since 1953 from 16.6 to 17.6 but in Metropolitan Essex they have fallen from 14.0 to 12.8, whilst the county figures fairly represent the trend in the remainder of the county.

### Still Births.

The number of still births registered in 1955 was 538, giving a still birth rate of 21.7 per 1,000 total births. Immediately prior to the 1939-45 war the still birth rate averaged 33. The rate fell throughout the war and for the years immediately succeeding it and reached a low point of 19.3 in 1949. The figures for subsequent years have been as follows :—

1950	1951	1952	1953	1954	1955
20.3	21.5	21.6	20.8	22.7	21.7

The still birth rate has not shown any marked trend during the last five years, the average rate of nearly 21.7 being over 8% higher than the average rate for the preceding four years.

### Illegitimacy.

Illegitimate births numbered 888 of which 25 were still births, giving a still birth rate of 28 compared with a rate of 21 for legitimate births. The percentage of births registered as illegitimate was 3.6 compared with a percentage of 3.8 in 1954, and an average percentage of 3.9 in the five years 1949-53. The infant mortality rate for illegitimate infants was 31 compared with 22 for legitimate infants.

### Infant Mortality.

There were 538 deaths under the age of one year, giving an infant mortality rate of 22.1 per 1,000 live births, compared with 21.1 in 1954 (which will be remembered, was the lowest ever recorded), and an average rate of

23.3 in the four years 1950-53. The number of deaths in the first four weeks of life was 387 giving a neonatal mortality rate of 15.9 compared with a rate of 15.1 in 1954 and an average rate of 16.2 in the years 1950-53. The post-neonatal mortality rate was also somewhat higher than in 1954 : 6.2 compared with 6.0 in 1954 and an average of 7.1 in the years 1950-53. The rise in the infant mortality rate was just offset by the fall in the still birth rate so that there was no change in the total loss of life in both periods combined.

### Still births and infant mortality during the first ten years after the war in County districts.

Table V on page 127 shows the number of live births, still births and infant deaths during the years 1946-55, together with the still birth rate, the infant mortality rate and the total mortality rate from the 28th week of pregnancy to one year after birth for each county district in Essex, for Health Areas and for the aggregate of urban and rural districts. The county districts in existence prior to 1st April, 1955, have been used, figures for the Urban District of Harlow being included with those for the Epping Rural District.

So far as Health Areas are concerned the total (foetal and infant) mortality rate was significantly higher than the rate in the county as a whole in South Essex and Dagenham and significantly low in the Forest Health Area. For still births, the only rate significantly different from the county rate was the high rate at Ilford. For infant mortality there were high rates in South Essex and Dagenham and low ones in Ilford and the Forest Health Area.

A number of county districts had still birth rates significantly different from the county rate and these are shown in the table, which also shows that infant mortality (but not the incidence of still births) was low in the aggregate of rural districts.

The neonatal death rate is often allied more to the still birth rate than to mortality in the last eleven months of the first year. The numbers of neonatal deaths are only available for county districts from 1949, but the period of seven years from 1949 to 1955 should be sufficient for gauging the relative importance of neonatal and post-neonatal mortality for the larger authorities. The average rates per 1,000 total births from still birth, neonatal deaths and post-neonatal deaths have been calculated for the nine large Boroughs and Urban Districts in Metropolitan Essex, for the Administrative Counties of London and Middlesex and for the Outer Ring of Greater London and these are shown in the diagram on page 118.

Each of the rates were low in the Borough of Chingford and the Urban District of Chigwell. The total rate was high in the Boroughs of Barking and Dagenham ; in the former the still birth rate was high and infant mortality average, while in the latter both neonatal and the post neonatal mortality was heavy. In the Borough of Ilford the still birth rate was high and both neonatal and post-neonatal mortality low.



The still birth rate in Metropolitan Essex was rather higher than that in London, Middlesex or the Outer Ring and both neonatal and post-neonatal mortality was heavier than in Middlesex or the Outer Ring but lighter than in the County of London.

### Prematurity.

The number of premature live births notified during 1955 was 1,385 compared with 1,440 in 1954, 1,393 in 1953 and 1,305 in 1952. The percentage of live born babies weighing  $5\frac{1}{2}$  lbs. or less at birth was 5.7 compared with 5.3, 5.6, 5.7 and 5.9 in the years 1951 to 1954. Most of the variation in the number of premature births in the last three years has been due to variations in the number of babies weighing between 5 and  $5\frac{1}{2}$  lbs. at birth. Of the smaller babies, there has been an increase in the numbers in the under  $3\frac{1}{4}$  lbs. group and a decrease in the 4 lbs. 7 ozs. to 4 lbs. 15 ozs. group.

The incidence of prematurity varies considerably throughout the County as may be seen from the following figures showing for the years 1953–55 the number of babies weighing less than certain weights and the percentage of live born babies weighing  $5\frac{1}{2}$  lbs. or less at birth for each Health Area :—

Health Area	Number of live born babies weighing			Per cent. of live born babies weighing $5\frac{1}{2}$ lbs. or less
	$3\frac{1}{4}$ lbs. or less	Under 5 lbs.	$5\frac{1}{2}$ lbs. or less	
North-East Essex .....	60	216	451	6.0
Mid-Essex .....	64	276	570	5.7
South-East Essex .....	54	169	359	6.6
South Essex .....	84	321	618	5.1
Forest .....	49	249	508	5.2
Romford .....	39	145	331	5.8
Barking .....	21	98	205	6.7
Dagenham .....	29	146	320	6.4
Ilford .....	47	188	353	5.4
Leyton .....	31	117	252	6.8
Walthamstow .....	27	140	248	5.6
Administrative County .....	505	2,065	4,215	5.8

South-East Essex, Barking and Leyton had rather high percentages premature while in South Essex and the Forest Area the percentages were much lower. It appears that the relatively large number of premature births in some health areas is not due to excess numbers in any particular weight group as there were no significant differences between areas in the proportions in the various weight groups.

The number of premature still births notified during 1955 was 247 compared with 273 in 1954 and 229 in 1953. There appears to be no marked trend in the numbers of still births of different weights.

### Neonatal Mortality in relation to prematurity.

As in previous years, information has been obtained about all neonatal deaths of which there were details and in 1955 these numbered 375 compared with a total of 387 registered neonatal deaths. Of the 375 deaths in question, 218 were of premature infants giving a neonatal mortality rate for premature infants of about 16 per cent., rather higher than in the last two years.

The following table shows the neonatal mortality rate for different birth weights in 1953, 1954 and 1955, on the assumption that the small number of neonatal deaths in these years of which there is no information were all of 'mature' infants.

Birth Rate	Neonatal mortality rate per 1,000 live births		
	1953	1954	1955
3 lbs. 4 ozs. or less .....	703	627	661
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	180	201	188
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	94	65	95
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	32	38	34
Over 5 lbs. 8 ozs. ....	8	7	7

There were no marked changes in the survival of infants of different weights.

The causes of the 375 neonatal deaths in 1955 for which details are available were classified, as far as the information allowed, according to the International Classification of Diseases, Injuries and Causes of Deaths, 1948 and are tabulated below according to the Intermediate List :—

Inter- mediate List No.	Cause of death	Age at death			Birth weight			Total deaths
		Under 1 day	1—6 days	7—27 days	Over 5 lbs. 8 ozs.	3 lbs. 5 ozs. to 5 lbs. 8 ozs.	3 lbs. 4 ozs. or less	
A 127	Spina bifida and menin- gocele .....	2	3	4	9	—	—	9
A 128	Congenital malformations of circulatory system .....	2	12	3	12	4	1	17
A 129	Other congenital malfor- mations .....	4	12	4	12	5	3	20
A 130	Birth injuries .....	31	32	1	43	11	10	64
A 131	Post-natal asphyxia and atelectasis .....	36	59	2	40	33	24	97
A 132	Infections of the newborn	—	11	15	18	7	1	26
A 133	Haemolytic disease of the newborn .....	7	9	1	10	7	—	17
A 134	All other defined diseases of early infancy .....	—	8	1	3	4	2	9
A 135	Ill-defined diseases peculiar to early infancy and im- maturity unqualified .....	45	54	6	1	23	81	105
Remain- der	All other causes .....	1	7	3	9	1	1	11
	All causes .....	128	207	40	157	95	123	375

Compared with similar figures for 1953 and 1954, there was an increase in the number of deaths ascribed to birth injuries and to postnatal asphyxia and atelectasis and a small reduction in deaths due to congenital malformations. There were fewer deaths of infants after the first week.

#### Maternal Mortality.

The number of deaths ascribed to diseases of pregnancy and childbirth or to abortion was 11, giving a maternal mortality rate of 0.44 per 1,000 births compared with 0.80 in 1954 and 0.56 in 1953. Following the rather high rate in 1954, the rate in 1955 was the lowest so far recorded in the county. With such small numbers of deaths, a year is too short a period to obtain a reliable indication of present trends. The average maternal mortality rates for the last five quinquennia are as follows :—

1931—35	.....	.....	3.98
1936—40	.....	.....	2.66
1941—45	.....	.....	1.98
1946—50	.....	.....	0.95
1951—55	.....	.....	0.62



### Mortality at all ages.

The general mortality rate for the Administrative County was 10.1 compared with 9.7 in 1954 and an average rate of 10.2 for the years 1950-54. Table III on page 125 sets out the numbers of deaths from various causes in the County, in county districts and in health areas. The following table gives for the last four years, the death rate per million of the population from some of the principal causes of death. As noted in the report for 1953, the deaths that year included the deaths of residents of East and West Ham in a chronic sickle hospital in Essex; the figures in parentheses are estimates of what the death rates would have been if the 1953 figures had been compiled on the same basis as those for 1955.

Cause No.	Cause of Death	1952	1953	1954	1955
1	Tuberculosis—respiratory .....	154	162	108	82
2	Tuberculosis—other .....	19	16	12	17
3	Syphilitic disease .....	41	27	30	33
4-9	Other infective and parasitic diseases .....	34	47	25	39
11	Malignant neoplasm, lung and bronchus .....	329	361 (340)	381	383
10, } 12-14 }	Other malignant and lymphatic neoplasms .....	1,527	1,516 (1,471)	1,467	1,505
16	Diabetes .....	74	61	68	65
17	Vascular lesions of the nervous system .....	1,299	1,341 (1,249)	1,296	1,334
18	Coronary disease, angina .....	1,342	1,383 (1,364)	1,448	1,471
19-20	Other heart disease .....	1,906	2,137 (2,016)	1,711	1,766
22	Influenza .....	23	151	24	47
23	Pneumonia .....	456	622 (572)	430	518
24	Bronchitis .....	554	719 (687)	446	524
26	Ulcer of the stomach and duodenum .....	122	122	124	134
28	Nephritis and nephrosis .....	106	94	103	89
33	Motor vehicle accidents .....	76	82	89	98
34	All other accidents .....	157	221	157	160
35	Suicide .....	83	87	100	100



Two additional causes of death, cancer of the lung and coronary heart disease, have been separately identified in the table this year in view of the tendency for mortality from these diseases to increase.

As noted above, mortality from all causes in 1955 was average, and this was so for many of the other causes identified in the above table. The only disease to show a marked reduction in mortality was tuberculosis of the respiratory system while for coronary disease, stomach and duodenal ulcers and motor vehicle accidents there were marked increases.

The death rate from ulcers of the stomach and duodenum was between 120 and 124 per million in each of the years 1950 to 1954 and rose to 134 in 1955. Most of the increase was due to a sharp increase in the number of deaths in Colchester and in the adjoining rural district of Lexden and Winstree. Comparison of Table II on page 124 with tables for previous years shows that the increase in the number of deaths from ulcers occurred entirely among men and women of 65 years and over.

### Cancer Mortality.

The number of deaths from malignant and lymphatic neoplasms of various sites for the last five years is given in the following table :—

Site	1951	1952	1953	1954	1955
Stomach .....	501	488	510	451	493
Lung and bronchus .....	503	534	594	637	653
Breast .....	273	314	305	308	323
Uterus .....	122	113	104	106	132
Leukaemia and aleukaemia .....	76	83	80	91	109
Others .....	1,529	1,561	1,574	1,589	1,616
Total .....	3,004	3,093	3,167	3,182	3,326
Total mortality rate per 1,000	1.88	1.91	1.93	1.90	1.95

The number of deaths ascribed to malignant disease has increased from year to year and there has also been a small increase in the death rates from all forms of cancer. Much of this increase has been due to two sites, the "lung and bronchus" and "leukaemia and aleukaemia". In 1955 the number of deaths was greater for each site than in 1954 and with the exception of stomach cancer than in each of the preceding four years. In view of the steady increase in the population at ages susceptible to cancer, some increase in the number of deaths is to be expected, but the increase in deaths from leukaemia and aleukaemia and the reversal of the previous trend for deaths from cancer of the uterus to fall are disturbing.

The age distribution of deaths from all forms of malignant disease in the last five years is as follows :

		Males						Females					
		0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1951	.....	29	96	617	482	377	1,601	20	94	512	400	368	1,394
1952	.....	14	85	614	503	368	1,584	27	119	554	391	418	1,509
1953	.....	20	91	648	531	409	1,699	19	97	540	413	399	1,468
1954	.....	27	90	666	526	380	1,689	25	109	561	384	414	1,493
1955	.....	32	107	636	541	405	1,721	27	127	584	426	440	1,604

For males there has been a steady increase in the number of deaths in the 65—74 age group and until 1954 in the 45—64 group. These increases are undoubtedly associated with the increased death rate from cancer of the lung which was checked in 1955. For females an increase in the number of deaths is evident for the 45—64 group and the 75 and over group. There is no very marked trend in the other age groups but in each of the four groups covering the first 44 years of life there was a sharp rise in the number of deaths in 1955. These increases are due to a number of sites but possibly the most important is the increased mortality from leukaemia and aleukaemia.

### Mortality by age and sex.

Table II on page 124 gives the number of deaths in various age groups for each sex for the several causes of death. Compared with 1954 the figures in almost all age groups showed an increase. Infant mortality however fell for girls though it rose for boys. The increases between the ages of one and 25 were largely caused by increased deaths either from accidents or malignant and lymphatic neoplasms (including leukaemia and aleukaemia). The increase of 77 deaths among males of 45—64 years of age was principally due to an increase in mortality from respiratory disease from the low level achieved in 1954. For men and women over 65, the increases were mostly due to cardiac and respiratory diseases.

## MORBIDITY STATISTICS

The number of new claims to sickness benefit received in the 52 weeks ended 3rd January, 1956, at local offices of the Ministry of Pensions and National Insurance in the Administrative County was 233,138 compared with 206,259 in 1954, 233,795 in 1953 and 200,062 in 1952. The incidence of new claims per 1,000 population was 137 compared with 123 in 1954, 179 in 1953, 124 in 1952 and 136 in 1951.

It will be seen that the number of new claims to sickness benefit was about the same as in 1953 and the incidence about the same as in 1951. In both these years there were extensive outbreaks of influenza and about 30 per cent. of the claims were received during the first eight weeks of the year. There was more sickness in the early part of 1955 than in corresponding parts of 1950, 1952 and 1954 but less than in corresponding parts of 1951 and 1953, and there was also more sickness than in other years throughout the remainder of the year. In the following table the average number of new claims per week in six periods of the year for 1951 and 1955 (when the incidence of new claims per 1,000 population was about the same) is expressed as a percentage of the average weekly number of claims for the whole year.

	<i>Average weekly new claims per cent. of weekly average for year</i>					
	<i>Jan.-Feb. (8 weeks)</i>	<i>Mar.-Apr. (9 weeks)</i>	<i>May-June (9 weeks)</i>	<i>July-Aug. (9 weeks)</i>	<i>Sept.-Oct. (9 weeks)</i>	<i>Nov.-Dec. (8 weeks)</i>
1951 .....	209	96	69	59	92	86
1955 .....	172	105	72	64	95	100

Clearly incidence in the first two months was higher in 1951 than in 1955 but for the rest of the year incidence was higher in 1955 than in 1951.



## SECTION II—GENERAL

### STAFF

#### Central Office

Dr. J. A. C. Franklin, who formerly held a similar post in Gloucestershire, took up duty as Deputy County Medical Officer of Health and Deputy Principal School Medical Officer on 14th March, 1955.

Dr. T. K. Whitmore commenced duty as Senior Medical Officer in the Child Health Section on 15th August, 1955, in succession to Dr. J. L. Miller Wood who relinquished the appointment upon taking up duty as Medical Officer of Health of the Borough of Chelmsford and Area Medical Officer and Divisional School Medical Officer, Mid-Essex.

Mr. J. Byrom, L.D.S., took up duty as Chief Dental Officer and Principal School Dental Officer on 6th June, 1955, succeeding the late Mr. S. K. Donaldson, L.D.S.

#### Area Medical Officers

Barking—Dr. D. E. Cullington, Medical Officer of Health of the Borough of Barking and Area Medical Officer and Divisional School Medical Officer in the Barking Health Area, resigned on the 16th June, 1955, upon being appointed as Deputy County Medical Officer to the Devon County Council. Dr. F. L. Groarke was appointed to succeed him and took up duty on 1st October, 1955. Dr. Margaret I. Adamson, part-time Deputy Medical Officer of Health of the Borough and part-time Assistant County Medical Officer of Health, acted in the three capacities concerned during the interim.

Dagenham—Dr. J. Adrian Gillet commenced duty as Medical Officer of Health, Borough of Dagenham and Area Medical Officer and Divisional School Medical Officer in the Dagenham Health Area, on 1st September, 1955, in succession to Dr. C. E. Herington, who, as noted last year, retired on 30th September, 1954. Dr. H. D. H. Robinson, Deputy Medical Officer of Health and Assistant County Medical Officer in the Health Area, continued to carry out the duties of the three appointments in an acting capacity until Dr. Gillet took up duty.

Leyton—Dr. A. W. Forrest, Medical Officer of Health of the Borough of Leyton and Area Medical Officer and Divisional School Medical Officer in the Leyton Health Area, retired on 31st May, 1955. He had been Medical Officer of Health of Leyton since September, 1928. Dr. M. Watkins took up duty as his successor on 1st August, 1955. In the interim, Dr. Mary Gilchrist, Deputy Medical Officer of Health and Assistant County Medical Officer in the Health Area, carried out the duties of Medical Officer of Health, Area Medical Officer and Divisional School Medical Officer in an acting capacity.



Mid-Essex—Dr. J. L. Miller Wood took up duty as Medical Officer of Health of the Borough of Chelmsford and Area Medical Officer and Divisional School Medical Officer in the Mid-Essex Health Area on 1st April, 1955.

### Combined Medical Services

Braintree, Witham and Dunmow District—Dr. C. R. C. Rainsford commenced duty on 23rd May, 1955, as Medical Officer of Health of the Braintree and Bocking and Witham Urban Districts and the Braintree and Dunmow Rural Districts and Assistant County Medical Officer in succession to Dr. A. P. Kalra, who, as indicated in the Report for 1953, died on 22nd March, 1953. Dr. J. S. Ranson, Medical Officer of Health of the Halstead Urban and Rural Districts continued to act temporarily as Medical Officer of Health to the four districts from the beginning of the year until the date upon which Dr. Rainsford took up his appointment.

Brentwood District—Dr. B. Fraser Beatson, Medical Officer of Health, Brentwood Urban District and Assistant County Medical Officer, retired on 5th April, 1955. His successor, Dr. S. R. Warren commenced duty on 1st June, 1955, Dr. G. N. Wardle, Deputy Medical Officer of Health of the Urban District, undertaking the duties of Medical Officer of Health in the interim.

Brightlingsea, Clacton, Frinton and Walton and Tendring District—Dr. F. L. Groarke, Medical Officer of Health, Brightlingsea, Clacton, Frinton and Walton Urban Districts and Tendring Rural District and Assistant County Medical Officer, resigned on 30th September, 1955. Dr. W. A. Bullough, M.C.B.E., acted as temporary Medical Officer of Health until the end of the year. It was anticipated that Dr. R. D. Pearce would take up duty in succession to Dr. Groarke on 1st January, 1956.

Dagenham District—Dr. H. D. H. Robinson, Deputy Medical Officer of Health, Dagenham, and Assistant County Medical Officer, resigned on 22nd October, 1955, and arrangements for filling the vacancy were in hand at the end of the year.

Epping, Harlow and Ongar District—Dr. J. F. Lucey, Medical Officer of Health of the Epping Urban District and the Epping and Ongar Rural Districts and Assistant County Medical Officer, resigned on 20th February, 1955, having been appointed to a post with the Ministry of Health. Following the reconstitution of the District Councils comprising the area concerned under the County of Essex (Harlow Urban District and Epping and Ongar Rural District) Confirmation Order 1955, arrangements for filling the vacancy with the three newly formed authorities were in hand at the end of the year. Dr. L. S. Fry acted temporarily as Medical Officer of Health of the three Districts from 21st February, 1955, to 10th September, 1955, and Dr. H. Franks, Medical Officer of Health of the Chigwell and Waltham Holy Cross Urban Districts from 11th September, 1955, to the end of the year.

Walthamstow District—Dr. G. H. G. Poole commenced duty on 1st December, 1955, as Deputy Medical Officer of Health and Assistant County Medical Officer, Walthamstow, in succession to Dr. M. Watkins, who had been Deputy Medical Officer of Health of the Borough since July, 1941.

West Mersea, Wivenhoe and Lexden and Winstree District—Dr. W. H. Alderton, Medical Officer of Health, West Mersea and Wivenhoe Urban Districts and Lexden and Winstree Rural District and Assistant County Medical Officer, retired on 30th November, 1955. Dr. E. A. Hargreaves commenced duty as his successor on 1st December, 1955.

### Assistant County Medical Officers

Difficulty was experienced in only one case in filling the few vacancies which arose on the establishment of Assistant County Medical Officers during the year.

### Dental Officers

At the end of the year, the equivalent of 42.8 whole-time Dental Officers were employed, compared with 38.45 at the end of the previous year.

### Refresher Courses.

Extensive use was made of facilities arranged on a national basis for the purpose of providing all grades of staff employed in the Department with post graduate or post certificate instruction.

Five members of the medical staff attended a course organised by the Society of Medical Officers of Health ; 21 others attended some of the short courses on pædiatrics and obstetrics arranged by the British Postgraduate Medical Federation, whilst two more went to the National Association of Mental Health's course on the ascertainment of educationally sub-normal children and mental defectives.

A total of 81 health visitors, midwives, home nurses and home nurse midwives took advantage of courses sponsored by the Women Public Health Officers' Association, the Royal College of Nursing, the Royal College of Midwives and the Queen's Institute of District Nursing respectively. Eight day nursery matrons attended a one week course for the staffs of day nurseries organised by the Cambridge Institute for Education.

A course organised by the College of Speech Therapists was attended by six members of the staff, whilst a chiropodist went to a two-day course at the London Foot Hospital. Three members of the staff of the Occupation Centres took advantage of a course lasting one week arranged by the National Association for Mental Health.

Two members of the senior administrative staff in the Health Areas took part in a weekend course organised by the Association of Public Health Lay Administrators.



## TRANSPORT FOR STAFF

The policy of providing motor transport for members of the staff of the Department whose work necessitates the use of such transport was continued.

On 31st December, 1955, 490 officers employed in the Health Services were approved to use motor transport under the arrangements. Of these, 242 were using vehicles provided by the County Council and the remaining 248 were authorised to use their privately owned motor cars, motor-cycles or motor assisted pedal cycles. The comparable figures for 1954 were 509, 262 and 247 respectively.

In addition to the County cars which are normally provided a 12-cwt. motor van was purchased during 1955 and put into use in connection with the transport of health education display material, film projectors and other equipment used in connection with lectures and displays in various parts of the County.

A scheme to standardise the type of car issued to officers was approved by the County Council during 1955 which, when it is in full operation, it is anticipated will increase efficiency and possibly reduce operating costs, particularly so far as the Health Services are concerned, in view of the large number of cars involved. In addition the County Council have approved a scheme to assist officers, subject to certain restrictions regarding mileage, to obtain either a new car or to purchase the County car allocated to them.

## SITES AND BUILDINGS

### Health Centres

The Health Centre on the London County Council's Housing Estate at Aveley (South Essex Health Area) costing approximately £42,000 was completed and opened to the public in December, 1955. Further details in regard to the building will be found on page 35.

The erection of the Health Centre proposed for the Cranes/Fryerns neighbourhood unit of the new town of Basildon (South-East Essex Health Area) was not proceeded with, the general medical practitioners in the area having made satisfactory alternative arrangements by establishing their own surgeries. The need for Health Centres elsewhere in the New Town is under review with the object of ensuring that their erection may proceed concurrently with the development of the housing programme.

### Group Practice and Health Clinic Centres

The three group practice and health clinic centres built by the Harlow Development Corporation on behalf of the Nuffield Provincial Hospitals Trust were completed in the late summer of 1955 and were officially opened by Lord Nuffield on 17th October, 1955. The Centres are known as Osler House (Potter Street), Sydenham House (Netteswell) and Nuffield House (The Stowe), and the accommodation provided for the Local Health and Education Author-

ities' services is rented by the County Council. General medical and general dental practitioners also rent their accommodation direct from the Trust.

### Health Services Clinics

The erection of the health services clinics at Aveley Village (South Essex Health Area) and Great Wakering (South-East Essex Health Area) was almost completed by the end of the year and it was anticipated that they would be opened to the public in January, 1956.

During the year work commenced on new clinic premises at St. Mary's Lane, Upminster (South Essex Health Area) and it is expected that the buildings will be completed during the second quarter of 1956. The extension to the existing clinic premises at Wickford (South-East Essex Health Area) and the conversion of the former Union Offices at Halstead (North-East Essex Health Area) were both completed during 1955.

Tenders were accepted for the erection of new clinic premises at Oxlow Lane (Dagenham Health Area) and on the Three Arch Bridge Estate, Brentwood (South Essex Health Area), and sites were purchased at Harwich (North-East Essex Health Area), Gubbins Lane, Harold Wood (South Essex Health Area), Clockhouse Lane, Romford (Romford Health Area) and Kenwood Gardens, Ilford (Ilford Health Area). Negotiations were continued with a view to the acquisition of the following sites :—

Site							Health Area
Manningtree, Colchester (Shrub End Estate)	.....	.....	.....	.....	.....	.....	North-East Essex
Hutton	.....	.....	.....	.....	.....	.....	South Essex
Loughton	.....	.....	.....	.....	.....	.....	Forest
Ilford (Couchmore Avenue)	.....	.....	.....	.....	.....	.....	Ilford
Walthamstow (Priory Court)	.....	.....	.....	.....	.....	.....	Walthamstow

In October, 1955, approval in principle was received from the Ministry of Health to the erection of new clinics on the undermentioned sites :—

Site							Health Area
Chelmsford (Melbourne Park)	.....	.....	.....	.....	.....	.....	Mid-Essex
Barking (Thames View Estate)	.....	.....	.....	.....	.....	.....	Barking
Barking (Upney Clinic replacement)	.....	.....	.....	.....	.....	.....	Barking
Ilford (Kenwood Gardens)	.....	.....	.....	.....	.....	.....	Ilford

A scheme for the adaptation of the former Rural District Council Office at Bowes Field, Ongar, which it is proposed to acquire by purchase or long lease, is in course of preparation.

### Office Accommodation

The extensions to the Health Area Offices at Grays (South Essex Health Area) and Rayleigh (South-East Essex Health Area) were completed during the year.



## HAROLD HILL HEALTH CENTRE

The smoothness of working so evident in the first six months during which the Harold Hill Health Centre was in operation continued throughout 1955 and, in his report on the first complete year the Chairman of the Professional Committee referred again to the satisfaction of the General Practitioners with the arrangements made for them. There have been very few difficulties, and those only of a minor character, on the general practitioner side during the year, and most of them have been solved without having to be referred to the Professional Committee.

**GENERAL PRACTITIONER WORK.**—The doctors working in the Health Centre regard it as an additional surgery with more facilities than are to be found in the average doctor's surgery. The Centre is open from Mondays to Fridays from 8.30 a.m. to 8.30 p.m. and on Saturdays from 8.30 a.m. to 1 p.m. It is closed on Sundays and public holidays.

On arrival at the Health Centre each patient is directed to the waiting room attached to the consulting room used by his doctor and is called to the consulting room in turn by an illuminated sign and buzzer. Any immediate treatment, injections and dressings are given by the nurse in attendance. Continuation treatment, such as repeated penicillin injections, are given at times suitable to the patient and mutually arranged between the patient and the nurse.

Patients very rarely attend the Centre for emergency treatment, but when they do the following action is taken. If it is a real emergency (and few are) the nurse on duty may ask any doctor (even an Assistant County Medical Officer working in the Local Health Authority wing) who is in the building to see the patient. Thereafter the nurse informs the patient's own doctor, who takes over responsibility.

A total of 23,460 patients attended at the surgeries of the general practitioners working from the Centre, the monthly figures being as follows:—

Jan.	Feb.	Mar.	Apr.	May	June
2,124	1,957	1,864	1,911	1,788	1,642
July	Aug.	Sept.	Oct.	Nov.	Dec.
2,298	1,634	1,789	2,309	1,998	2,146

The highest attendance in any one week was 570 during the week ended 29th January, 1955, and the monthly average was 1,955 as compared with 969 in the five and a half months ended on 31st December, 1954.

The doctors themselves performed 155 minor operations at the centre and the nursing staff carried out 5,852 treatments on their behalf as follows :—

Jan.	Feb.	Mar.	Apr.	May	June
395	467	485	436	479	449
July	Aug.	Sept.	Oct.	Nov.	Dec.
527	511	453	573	533	544

GENERAL DENTAL WORK.—It was not until 7th February, 1955 that a general dental practitioner was appointed to the vacancy at the centre, it having proved impossible for the Executive Council to fill the post earlier. The number of patients treated by him during the year was 410.

LOCAL HEALTH AUTHORITY WORK.—Attendances at the County Council's Clinics, details of which were given in last year's report, were :—

Ante and Post Natal Clinics	.....	.....	.....	661
Child Welfare Centre	.....	.....	.....	6,998
Minor Ailment Clinics	.....	.....	.....	688
Speech Therapy Clinics	.....	.....	.....	636
Total				8,983

The total for the five and a half months ended 31st December, 1954, was 4,097.

The following numbers of patients were seen by the dental officer who attends at the centre as compared with totals of 455 and 388 from the middle of July to the end of December, 1954 :—

	Examined	Treated
Expectant and nursing mothers	43	35
Children under 5 years of age	139	119
School children	632	601
	814	755

The distribution of welfare foods and other nutriments continued during the year and further lectures and film shows were provided as part of the Committee's Health Education arrangements.

THE SPECIALIST SERVICES provided by the North-East Metropolitan Regional Hospital Board consisting of physiotherapy, orthopaedic ascertainment, ophthalmic, and artificial sunlight clinics dealt with the following numbers of patients :—

	No. of Sessions	No. of Attendances
Physiotherapy .....	186	1,534
Orthopædic Ascertainment .....	11	121
Ophthalmic .....	20	334
	<hr/> 217 <hr/>	<hr/> 1,989 <hr/>

In addition 443 attendances were made for artificial sunlight treatment.

### AVELEY HEALTH CENTRE

One of the schemes arising out of the Greater London Plan put forward by Professor Abercrombie in 1944 was the development of some 1,200 acres of land at Aveley in the Thurrock Urban District in Essex as a housing estate, the final population of which was envisaged as something in the region of 30,000 people.

The County Council as Local Health Authority was in communication with the London County Council in June, 1949, with a view to ensuring the reservation of sites for Health Centre and Clinic purposes on the estate and in their Capital Building Programme for 1951/52 the Committee made provision for the erection of a Health Centre. To meet the position until the Health Centre could come into operation, arrangements were made for a temporary clinic to be established in two semi-detached houses.

Approval in principle to the erection of the Health Centre was granted by the Minister of Health in January, 1954, and work on its construction commenced in the following July.

From experience gained at Harold Hill it was possible to introduce a number of minor improvements in its planning. The building, which was completed in December, 1955, is similar in design and construction to the Health Centre at Harold Hill, and consists of a two-storey wing on the main frontage to Darenth Lane and a single storey wing running towards the rear. It is of brick bearing wall construction on concrete strip foundations. Structural floors and roofs are formed of precast concrete blocks, the roofs being waterproofed with three layers of bituminous roofing felt laid on an insulating screed of foamed slag concrete.

The heating chamber, situated in the basement, is an asphalt tanked reinforced concrete structure and heating is supplied to the rooms by means of low pressure hot water, pump accelerated, through hospital type radiators in the rooms.

Internally all walls and ceilings are plastered and painted with flat paint. Floors in the rooms are finished with thermoplastic tiles and skirtings; in the corridors of medical and dental suites and entrance halls with cork tiles, and in the lavatories with quarry tiles. Main runs of water and electricity and gas



services are concealed behind the false ceilings in the corridors ; access for maintenance being gained by means of hinged panels.

There are two entrances to the Health Centre, both of them on the main frontage, one leading to the rooms occupied by the general medical services, a self-contained unit comprising all the rooms on the ground floor of this wing. The other entrance leads to the part of the building occupied by the County Council's clinic services, the Regional Hospital Board's specialist services and the general dental services.

To the right of the clinic entrance is the pram shelter, which has a separate covered access to the waiting hall where provision is made for the sale of welfare foods and the supply of light refreshments to those attending the Centre. The remainder of the single-storey wing contains the minor ailment clinic, weighing room, consulting room, dressing rooms, a large orthopaedic room and a kitchen.

On the first floor, over the general medical services wing, is the health visitors' room, the eye-testing room, a second waiting room and a dental suite comprising two dental surgeries, a recovery room, a dark room and a dental workshop ; a caretaker's flat is also provided on this floor.

The general medical services suite includes four consulting rooms with examination rooms, waiting rooms, a minor operations room, the clinical side-room and a small enquiry office. As this office is in use for the greater part of the day, the main telephone switchboard for the whole of the Health Centre has been placed in there.

### **Administration.**

The administration of the Centre is the responsibility of the South Essex Health Area Sub-Committee, and a Professional Committee has been set up on the same lines as a similar Committee at the Harold Hill Health Centre, details of which were given in the Report for 1954.

### **Official Opening.**

The official opening ceremony was held on 16th December, 1955, in the presence of a large and representative gathering including Alderman Sir Frank Foster, C.B.E., J.P., Chairman of the County Council, Alderman K. E. B. Glenny, O.B.E., J.P., Chairman of the Committee and Alderman Mrs. M. Ball, the previous Chairman of the Committee. It was performed by the Rt. Hon. Iain McCleod, M.P., then Minister of Health, to whom the Chairman of the County Council handed a suitably inscribed fountain pen as a memento of the occasion.

### **Future Development.**

Experience at the Harold Hill Health Centre has shown the considerable degree of co-operation which can be built up between the general medical services and the Local Health Authority's services by the provision of Centress

of this nature where general medical practitioners and medical officers and their respective staffs work side by side and it is confidently expected that this co-operation will be repeated at Aveley.

### MEDICAL EXAMINATION OF STAFF

Again the medical examination of persons selected for appointment to the staff of the County Council and of existing members of the staff made increasing demands upon the time of the medical staff. The number of such examinations during 1955 was 3,420 (925 on behalf of other Local Authorities) compared with 3,355 in the previous year and 3,036 in 1953. Included in this figure were 581 examinations carried out in respect of entrants to courses of training for teaching and to the teaching profession.

### LABORATORY SERVICE

In accordance with arrangements which have been detailed in previous reports, county district councils may send samples of milk, ice cream, water and sewage effluent to one of the following laboratories :—

Public Health Laboratory, Ipswich  
Public Health Laboratory, Cambridge  
Public Health Laboratory, Southend-on-Sea  
Counties Public Health Laboratories, London

the first three being available for bacteriological work only.

Samples of designated milk taken by officers of the Department for the prescribed tests under the Regulations of 1949 as indicated on pages 38 and 39 were submitted to the Public Health Laboratory at Southend-on-Sea.

The following is a summary of the samples examined by the Laboratories during 1955 :—

Nature of sample	Number of samples examined by	
	Public Health Laboratory Service	Counties Public Health Laboratories
Milk .....	1,117	815
*Ice cream .....	739	938
Other foods .....	206	148
Water .....	619	847
Sewage .....	—	26
Totals .....	2,681	2,774

\* Taken mostly by Sanitary Inspectors of county district councils.



## MILK SUPPLY

### Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949.)

The County Council is responsible for the licensing and supervision of milk pasteurising establishments in that part of the County for which it is the Food and Drugs Authority. There were 11 pasteurising plants licensed, which together dealt with about 26,000 gallons of milk a day. To these establishments 638 visits were made during the year and routine samples of milk were obtained and submitted to the special examinations laid down in Parts II and III of the Third Schedule of the Regulations as follows :—

#### Phosphatase Test—

Number submitted	.....	.....	.....	.....	616
Number failed	.....	.....	.....	.....	—
Number void	.....	.....	.....	.....	—

#### Methylene Blue Reduction Test—

Number submitted	.....	.....	.....	.....	616
Number failed	.....	.....	.....	.....	4
Number void	.....	.....	.....	.....	7

Unsatisfactory reports were investigated immediately and reported as a routine to the Ministry of Agriculture, Fisheries and Food.

From time to time samples of empty milk bottles were taken from bottle washing machines in order to check the efficiency of the washing process. The results were generally satisfactory, but where necessary appropriate action was taken.

### Milk (Special Designation) (Specified Areas) Orders.

A series of Milk (Special Designation) (Specified Areas) Orders have been laid down that in certain “specified areas” all milk sold by retail must be “specially designated” milk, i.e. “pasteurised,” “sterilised” or “tuberculin tested.”

As the result of an order which came into operation on 6th December 1955, the remainder of the Administrative County of Essex with the exception of the Borough of Saffron Walden, the Urban District of Halstead, the Rural Districts of Dunmow, Halstead and Saffron Walden and a few parishes in the north west of the Braintree Rural District becomes a “specified area.”

The County Council enforce the provisions of the orders in those parts of the County for which they are the Food and Drugs Authority. The producers and retailers in the newly specified areas, known to the County Council to have retailed milk for consumption by the public, were visited and informed of the coming into operation of the 1955 order, and no infringements of the provisions of the orders have since been found.



## Biological Sampling.

The general policy of taking two samples of milk each year for biological examination from each retailer of ordinary milk in the County, excluding the "specified areas," and one sample each year from each producer of raw milk was continued, although it is difficult in practice to attain this objective, and there is also a limit to the number of samples each week which can be examined by the laboratories. In addition, a number of samples of milk for biological examination were taken from tuberculin tested milk supplies.

In the "specified areas" samples of milk are taken for biological examination from retailers of tuberculin tested milk.

A summary of the results obtained from examination of samples submitted is given below :—

Number of reports received	.....	.....	562
Number inconclusive	.....	.....	41
Number free from tubercle bacilli	.....		503
Number containing tubercle bacilli	.....		18

Of the eighteen samples containing tubercle bacilli, sixteen were ungraded milk and two were tuberculin tested milk.

Each positive result was reported to the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food or other appropriate authority, and as a result eight animals were slaughtered and eighteen were removed from the herds.

One hundred and nineteen samples of milk submitted for biological examination were also examined for the presence of brucella abortus organisms and in ten cases samples were reported as being "brucella positive." Such results and also positive tubercle bacilli results are notified to the Medical Officer of Health of the county district concerned in order that he may take appropriate action in accordance with the provisions of paragraph 20 of Part VII of the Milk and Dairies Regulations 1949.

## Milk-in-Schools Scheme.

Milk supplies to maintained schools continued to be kept under review during the year.

The pasteurised milk was submitted to the special tests laid down in the Third Schedule of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949, and the only tuberculin tested milk supply was submitted to the test laid down in the Third Schedule of the Milk (Special Designation) (Raw Milk) Regulations 1949. The tuberculin tested milk was submitted to biological examination and where the milk was pasteurised by the holder process, this was also submitted to biological examination.

The results obtained from testing of samples of milk from schools were as follows :—

(a) Biological Examination—

Number of reports received	.....	.....	5
Number inconclusive	.....	.....	—
Number free from tubercle	.....	.....	5
Number containing tubercle bacilli	.....	.....	—

(b) Bacteriological Examination—

Number of samples taken	.....	.....	.....	453
Number void	.....	.....	.....	19
Number satisfactory	.....	.....	.....	423
Number which failed to pass the prescribed tests	.....	.....	.....	11

Unsatisfactory samples were investigated and re-checked until the necessary improvement was effected.

### County Residential Establishments.

Milk supplies to the Council's residential establishments were sampled on the same basis as for schools and the samples taken were all found to be satisfactory upon being tested.

## ICE CREAM

Arrangements for the sampling and examination of samples of ice cream were continued on the basis hitherto adopted. The following is a summary of the results of the examination of samples of ice cream taken during the year, graded in accordance with the Ministry of Health's provisional grading scheme :—

Grade		Totals	Per cent.	
1	.....	1,019	.....	72.2
2	.....	220	.....	15.7
3	.....	96	.....	6.9
4	.....	66	.....	4.7

In addition to ice cream, 276 samples of ice lollies were examined during the year by the Counties Public Health Laboratories, and the following is a summary of the results showing the relationship between the pH of the lollies and the plate count at 37°C. :—

pH					Plate Count per ml.
Less than 3	3 to 4	4 to 5	Over 5		
11	60	16	6	.....	1—100
—	5	3	19	.....	100—500
—	—	—	8	.....	500—1,000
—	2	6	25	.....	1,000—5,000
—	—	3	39	.....	over 5,000

In non-technical terms this means that the more acid the lollies are, the less likely it is that they contain large numbers of bacteria.

## FOOD AND DRUGS ACTS, 1938-1955

### Food and Drugs Act 1955.

This Act comes into operation on 1st January, 1956, and consolidates the law relating to food and drugs. An important result of the Act is the Food Hygiene Regulations 1955 which apply not only to commercial food premises but to the County Council's establishments wherein food is prepared and sold, and this presents in particular a special problem to the County Council who are without doubt one of the largest caterers in the County. It is very important that the County Council should set an example in this matter and a study of the regulations suggest that their past policy has gone a long way towards making compliance with the regulations comparatively easy.

### Report of Chief Inspector of Weights and Measures.

The adulteration provisions of the Food and Drugs Acts 1938-1954 are carried out in those parts of Essex for which the Essex County Council is the Food and Drugs Authority by the Inspectors of Weights and Measures, and the Chief Inspector of Weights and Measures has kindly furnished me with the following report in respect of the year 1955.

"During the year the area of administration was reduced in that on 1st April, 1955, the Urban District of Chigwell became its own Authority.

During the year 793 samples of food and drugs (other than milk) were taken and of this number 19 were unsatisfactory in some respect ; 1,388 samples of milk were taken and of this number 101 were submitted to the Public Analyst when 35 were returned as unsatisfactory.

Details of those unsatisfactory samples calling for comment are now given :—

MILK. Seventeen of the 35 unsatisfactory samples were found to contain added water in quantities which varied from a trace to 28 per cent. Eleven samples were deficient in fat, the deficiencies ranging from 1 to 13 per cent. Four samples of milk which were found to contain added water in quantities varying from 2 to 12 per cent. were also found to be deficient in fat before they had been adulterated.



Two samples of Channel Island milk—for which there is a special standard—were found to be deficient in fat to the extent of 10 and 14 per cent. respectively.

Finally, one sample of school milk was found to contain 2 per cent. of added water.

MILK—EVAPORATED. Enquires made during the year revealed that tins of evaporated milk which had been sold by the Ministry of Food in 1953 for manufacturing purposes had instead been resold to various firms where they were relabelled and offered to the public. Thirteen samples were taken and although the new labels failed to conform to the statutory requirements in no case was the milk unfit for human consumption. One sample was unsatisfactory in that the total milk solids were 1.6 per cent. deficient of the requisite standard.

Steps have been taken for these tins to be withdrawn from sale.

BISCUITS. One sample of biscuits, submitted as the result of a complaint, was found to have a small piece of twine embedded in the end of one biscuit. This was examined microscopically but none of the micro-organisms usually associated with dirt were present.

CHUTNEY. A sample of chutney was found to contain sulphur dioxide preservative to the extent of 80 parts per million. There is no provision in the Preservative Regulations for the use of sulphur dioxide in chutney.

GROUND GINGER. Two samples of ground ginger were found to contain excessive amounts of sand, i.e. 1.85 per cent. and 1.75 per cent. The normal maximum amount present is 0.5 per cent.

MARGARINE WITH 25 PER CENT. DAIRY CREAM. Exception was taken to two samples of margarine in that although the label stated that the margarine contained butter no statement of the butter content was given but merely that there was present 25 per cent. dairy cream.

MARZIPAN. Although there is no standard for marzipan it is accepted that the ground almond content should be 25 per cent. One sample was found to contain only 20 per cent.

MEAT. A sample of meat from a school was found to contain small metal particles which had the appearance of shavings or drillings. Detailed enquiries were made but it was not possible to trace the origin of these particles.

ROLLS AND BUTTER. Examination of the fat on these rolls showed that it consisted not of butter but of a mixture of butter and margarine containing approximately 50 per cent. of butter.

BEEF SAUSAGES. One sample of beef sausages was found to contain a small piece of metal about 0.4 cm. long which rendered the sausages unsuitable for human consumption.

**BEEF AND PORK SAUSAGES.** A sample of beef and pork sausages was found to have a satisfactory meat content but contained sulphur dioxide to the extent of 130 parts per million. No declaration of the presence of preservative was made at the time of sale.

**PORK SAUSAGES.** One sample of pork sausages was found to contain 560 parts per million of sulphur dioxide being 110 parts per million in excess of the permitted quantity.

**PORT.** A drink which was supplied as the result of a request for Port was found to consist not of Port Wine but of a non-alcoholic preparation consisting essentially of a solution of sugar and citric acid suitably flavoured and coloured.

**RUM AND GINGER.** Analysis showed that this drink was of a non-alcoholic nature and contained no appreciable amount of rum. It consisted essentially of a soft drink being a diluted solution of sugar and citric acid suitably coloured and flavoured.

**TONIC WINE.** A sample of Tonic Wine which was stated on the label to contain not less than 30 per cent. of Proof Spirit was found to contain only 28.5 per cent. of Proof Spirit. Two further samples proved similarly deficient.

**PURE LIVE YEAST TABLETS.** The tablets were described as being "A natural and wonderful remedy for most of the ailments of mankind". The vitamins contained therein were restricted to the B Group and thus its pharmaceutical value was consequently restricted to those ailments where a deficiency of one or more of the B group of vitamins is involved thus confining its usefulness to a limited number of ailments. The claim referred to above was therefore false and misleading."

## WATER SUPPLIES AND SEWERAGE

Routine sampling of the water supplies of the County was carried out by the water undertakers, the County Council and the county district councils. The general bacteriological standard of public water supplies in Essex has continued to be satisfactory.

The rainfall during the year (measured at the Langford Waterworks) was 20.28 inches as compared with 23.36 inches in 1954. The average is 20.86 inches.

Owing to the long dry summer the water resources in some parts of the County were taxed heavily, but restrictions were imposed upon the use of water at a very early date and no actual shortage occurred.

During the year, the figures for the first annual survey of water consumption carried out by the Department became available. They showed that, particularly in central and south Essex, the water supply situation is becoming increasingly critical. During 1955 the average daily consumption exceeded the



safe yield of available sources under severe drought conditions. Whilst on the one hand domestic consumption is being kept in the region of 25 gallons per head per day, industrial water consumption is increasing considerably. The natural increase in the population has amounted to only a few thousands, but immigration from outside the County into central and south Essex between 1946 and 1954 went on to the extent of about 100,000 persons. This therefore is a matter which will require continuing attention.

Work on the construction of the Hanningfield reservoir scheme proceeded apace throughout the year, and the completion of this reservoir should alleviate the water supply difficulties for the next few years. If however water consumption in Essex continues to increase at the present rate, there are grounds for believing that the additional water to be provided by the Hanningfield reservoir will not be sufficient to meet the requirements of the County.

An event which occurred during the year particularly worthy of attention was the inauguration of the new pumping station at Sawbridgeworth of the Herts & Essex Water Company. Its completion has made a substantial contribution towards the strengthening of the supply position in the area of this Company.

### Rural Water Supplies and Sewerage Acts 1944 and 1955

During the year 20 schemes of water supply, sewerage and sewage disposal submitted by county district councils prior to making application for contributions by the Ministry of Housing and Local Government and the County Council under the provisions of the Rural Water Supplies and Sewerage Acts, 1944/55, and involving a total estimated cost of £283,288 were examined. The necessary consultations and inspections were made with the Consulting Engineers and officers of the local authorities concerned to ensure compliance with the provisions of the County Council's Grants Scheme.

In 1955 the Ministry of Housing and Local Government undertook provisionally to allocate lump sum grants towards the following schemes :—

				Estimated Cost £	Ministry Grant £
				-----	-----
Chelmsford R.D.—					
Sewer extension	.....	.....		1,121	500
Water main extension	.....	.....		1,337	350
Sewerage	.....	.....		195,300	45,000
Water main extension	.....	.....		945	450
Sewer extension	.....	.....		9,810	80 p.a. (for 30 years)
Water main extension	.....	.....		1,120	280
Sewerage	.....	.....		122,724	2,400 p.a. (for 30 years)



				<i>Estimated Cost £</i>		<i>Ministry Grant £</i>
<hr/>						
Dunmow R.D.—						
Comprehensive water scheme	.....			212,000	.....	50,000
Epping & Ongar R.D.—						
Sewer extension	.....	.....		1,800	.....	500
				(originally 3,200)		(originally 1,000)
Sewerage and sewage disposal	.....			68,550	.....	15,000
Sewerage	.....	.....	.....	26,789	.....	15,000
Lexden & Winstree R.D.—						
Sewage disposal	.....	.....		4,470	.....	1,000
Water main extension	.....	.....		2,202	.....	600
				(originally 2,900)		(originally 1,000)
Water main extension	.....			1,315	.....	400
Water scheme	.....	.....	.....	6,570	.....	1,600
Maldon R.D.—						
Sewerage	.....	.....	.....	38,262	.....	8,000
Sewerage	.....	.....	.....	71,051	.....	15,000
Sewerage	.....	.....	.....	55,020	.....	786 p.a.
						(for 30 years)
Sewerage	.....	.....	.....	102,180	.....	1,350 p.a.
						(for 30 years)
Rochford R.D.—						
Sewer extensions	.....	.....		4,813	.....	900
Sewerage and sewage disposal	.....			6,177	.....	1,000
Sewerage	.....	.....	.....	23,100	.....	4,500
Sewerage	.....	.....	.....	32,375	.....	5,000
Sewerage	.....	.....	.....	5,874	.....	1,600
Sewerage	.....	.....	.....	26,244	.....	400 p.a.
						(for 30 years)
Water supply	.....	.....	.....	10,119	.....	2,000
Sewer extensions	.....	.....		6,028	.....	1,400
Sewer extensions	.....	.....		6,807	.....	1,800
Water supply	.....	.....	.....	874	.....	200
Sewerage	.....	.....	.....	5,083	.....	1,400
Saffron Walden R.D.—						
Sewerage and sewage disposal	.....			4,500	.....	3,000
				(originally 6,000)		(originally 4,000)
Sewerage	.....	.....	.....	19,500	.....	11,000
Tendring R.D.—						
Sewerage	.....	.....	.....	12,011	.....	7,000
				(originally 13,530)		(originally 7,500)

The Chelmsford and Maldon Rural District Councils do not participate in the County Council's approved scheme for making grants to Rural District Councils for the purpose of providing or improving water supplies and sewerage. In view, however, of the County Council's obligations under the Rural Water Supplies and Sewerage Acts 1944/55, the County Council agreed to make grants to the Chelmsford and Maldon Rural District Councils in respect of their water main extension and sewerage schemes of not exceeding one-third of the estimated capital cost of each of the schemes or one-third of the actual capital cost, whichever is less. The grants are made by way of annual payments equivalent to the loan charges involved and on condition that—

- (1) In the event of the Minister of Housing and Local Government exercising his right to discontinue or disallow his grant in respect of the schemes or any of them, a similar right may be exercised by the County Council in respect of their grants ; and
- (2) such grants will cease to be payable if and when the total burden falling on the rates of the Rural District Council in respect of water supplies and loan charges on sewerage schemes is less than the product of a 6d. rate.

The following schemes were approved by the County Council for revenue grant purposes during the year under review :—

Braintree R.D.	.....	Access road to Wethersfield Sewage Disposal Works.
Chelmsford R.D.	.....	Sewerage, Great Baddow and Galleywood. Water main extension, Ramsden Heath. Sewer extensions, Ramsden Heath (second part). Water main extension, Chalk Bridge to White Elm, Danbury. Sewer extension, Rettendon.
Dunmow R.D.	.....	Comprehensive water scheme.
Epping & Ongar R.D.	.....	Sewerage, Nazeing.
Lexden & Winstree R.D.		Water main extension, Housing Estate, Maypole Corner, Tiptree. Sewage disposal works, Dedham. Water main extension, Grange Road, Tiptree. Water main extension, The Heath, Maldon Road, Tiptree. Water main extension, Mersea Road, Blackheath. Water supply, Dedham and Langham.

Maldon R.D.	.....	.....	Sewerage, Tollesbury. Sewerage, Southminster
Rochford R.D.	.....	.....	Sewer extension, Albert Road, Alexandra Road and York Road, Hawkwell. Sewerage and sewage disposal, Hawkwell. Sewerage, Barling Magna. Sewerage (first part), Ferry Road, Hullbridge. Sewerage, Stambridge. Sewerage, Canewdon. Water supply, Paglesham.
Saffron Walden R. D.	.....	.....	Installation of aeration plant, Henham Pump- ing Station.
Tendring R.D.	.....	.....	Ramsey Sewerage, storm water sewer. Purchase from Air Ministry of water main, Gt. Bromley.

The annual inspection of water supply and sewerage schemes in respect of which the County Council makes contributions was carried out in nine rural districts during the year and the works were found to be satisfactory in every district except one where the matter is under review.

#### Public Health Act, 1936, Section 307.

In accordance with the provisions of their approved scheme to give effect to Section 307 of the Public Health Act 1936, and the provisions of the Rural Water Supplies and Sewerage Acts 1944/55, the County Council agreed to make payment of the following amounts (being the approved estimated grants payable in respect of the financial year 1955-56) to the under-mentioned Rural District Councils :—

Rural District Council.						Amount.
						£
Braintree	.....	.....	.....	.....	.....	6,121
Dunmow	.....	.....	.....	.....	.....	7,756
Epping	.....	.....	.....	.....	.....	1,969
Halstead	.....	.....	.....	.....	.....	6,619
Lexden & Winstree	.....	.....	.....	.....	.....	2,817
Ongar	.....	.....	.....	.....	.....	3,120
Rochford	.....	.....	.....	.....	.....	2,559
Saffron Walden	.....	.....	.....	.....	.....	3,297
Tendring	.....	.....	.....	.....	.....	2,844
Total						£37,102



## REFUSE DISPOSAL

There is little change in the refuse disposal situation which was described in last year's annual report. There are altogether twenty-seven refuse dumps controlled under the Essex County Council Act 1933 and supervised by the Department. The inspections carried out during the year numbered 266.

Work has proceeded during the year upon the re-organisation of one of the largest Thames-side refuse dumps, the work included the laying of reinforced concrete roads, the concreting of jetty areas and the abandonment of part of the light railway system previously in use. This reorganisation will effect a considerable economy in manpower and also reduce by half the number of tipping faces.

The refuse dumps are properly levelled at the permitted height, consolidated and covered; they do not harbour rats and there have been no fires of any consequence.

## ATMOSPHERIC POLLUTION

Endeavours to secure the co-operation of County District Councils in investigating problems relating to atmospheric pollution continued throughout the year.

## RURAL HOUSING

Under Section 88 of the Housing Act 1936 it is the duty of the County Council to have constant regard to rural housing conditions in the County, and information as to the housing activities of the respective Rural District Councils is obtained annually for this purpose. The information for 1955 is summarised below.

Compared with the previous year demolition figures show little difference, the small number of persons displaced suggesting that approximately 50 per cent. of the unfit houses concerned were already vacant. There is a reduction in the number of houses closed in pursuance of undertakings given by owners and still in force, rather more unfit or defective houses have been rendered fit as a result of informal action and there is an appreciable reduction (28 against 98) in the number of houses in which defects were remedied after service of formal notices.

The total number of houses built by rural housing authorities during the year slowed down by as much as 57 per cent. on the 1954 totals, whilst private building increased by 19 per cent. and the numbers of applicants for Council houses who were in urgent need of rehousing decreased by 11 per cent., a total of 4,393 remaining in that category. Whilst private enterprise activity increased, so did the number of advances made under the Small Dwellings Acquisition Acts and the Housing Act, 1949.

### Rural District Councils' Slum Clearance Proposals.

Information has also been obtained in respect of the Rural District Councils' slum clearance proposals, a summary of which is as follows, details for each Rural District being shown on pages 50 and 51.

The total number of houses in the Rural Districts is 74,231, which is 2,300 more than the 1951 Census figures, an increase of 3 per cent.

The number of houses shown to be unfit for human habitation to the extent of being incapable of being rendered fit at reasonable expense and suitable only for demolition as individual unfit houses under section 11 of the Housing Act, 1936, or in clearance areas (groups of two or more houses) under section 25 of the same Act is estimated to be 3,541 (item i). This figure compares favourably with the total of 4,723 unfit houses in the same category found by the Rural Housing Survey as reported in the Annual Report for 1953. It represents 4.7% of the total number of houses in the Rural Districts, but this percentage is subject to automatic reduction as housing development proceeds and is not solely affected by demolition.

The time thought to be necessary in which to secure the demolition of these unfit houses (item ii) varies from 5 to 12 years or so according to the number of such houses in the respective districts. It is interesting to note here that the two largest Rural Districts (from the point of view of population and numbers of houses)—Chelmsford and Epping and Ongar—have only 147 and 146 seriously unfit houses respectively, and among the smaller districts, Braintree and Dunmow have the much larger numbers of 728 and 767 respectively.

A total of 218 houses are already covered by operative clearance or compulsory purchase orders or owned by the local authority (item iii). Of these, Dunmow claims the largest individual number, i.e. 75.

Items viii and ix indicate that 486 and 1,296 houses will be demolished within the five years, either as houses contained in clearance areas or as individual unfit houses, making a total of 1,782, approximately one half of the total number to be dealt with. Of the remaining 1,759, 60 are to be patched and retained within the five years under section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation. Apart from this, the Rural District Councils concerned have not formulated their detailed proposals for dealing with their remaining unfit houses where the period which the Council think is necessary for securing their demolition is more than five years.

Only one authority (Dunmow) proposes to use the powers given under the last mentioned section and Act. The use of such powers is doubtless influenced by the number of houses to be dealt with, their exact condition and the rehousing programme.

The achievement of the housing programme is dependent on a number of factors including sustained effort on the part of the authorities concerned,



RURAL COUNCILS' SLUM CLEARANCE RETURNS 1955  
Housing Act 1936—Parts II and III. *Housing Repairs and Rents Act—Section 1*

[illegible]



No of houses which are already in Clearance Areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement with- in the next 5 years .....	Nil	Nil	Nil	Nil	Nil	Nil	16	Nil	Nil	16
(vi) No. of houses which are to be included in Clearance Areas still to be declared and which within 5 years will be owned by the Local Authority or will have been included in a clearance order or a compulsory purchase order submitted to the Ministry .....	156	Nil	Nil	50	Nil	49	29	Nil	40	324
(vii) No. of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the 5 years under Section 2 of the Housing Rents and Repairs Act 1954, for temporary accommodation .....	Nil	Nil	60	Nil	Nil	Nil	Nil	Nil	Nil	60
(viii) No. of houses under (iii), (iv), (v) and (vi) to be demolished in the five years .....	180	Nil	65	Nil	Nil	52	83	Nil	73	486
(ix) No. of houses (including those already comprised in operative demolition orders) to be demolished in the 5 years as a result of action under Section 11 of the Housing Act, 1936 .....	70	130	149	63	125	135	212	218	50	1,296

particularly those with the heaviest housing burdens and the longer term policies, the successful pursuance of clearance and demolition order procedure and, not least, the progress of rehousing schemes.

The slum clearance returns form a basis on which future progress can be assessed.

### ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Part IV of the Essex County Council Act 1933 requires that no person shall in a county district in which that Part of the Act is in force, carry on an establishment for massage or special treatment without a licence from the County Council authorising him to do so. During the year two new licences were granted and 86 licences renewed to carry on establishments for massage or special treatment. Officers of the Department made 194 inspections in connection with these establishments.

### COUNTY AMBULANCE SERVICE

As was indicated last year the County Ambulance Service operates from 29 directly provided Ambulance Stations. Four additional stations are provided on an agency basis by the Home Service Ambulance Committee of the St. John Ambulance Brigade and the British Red Cross Society and the Brightlingsea Ambulance Service Committee, the arrangements with Messrs. Flack Bros. of Epping having been concluded during the year. This arrangement was of many years' standing in the Epping area and it is pleasant to be able to make a record of unfailing and ungrudging service to the community by Mr. Edward and Mr. Harold Flack. The firm are in fact continuing to assist the County service by the provision of sitting case vehicles on occasions.

The directly provided service is operated by an establishment of 26 Station Officers, 32 Assistant Station Officers, 3 Head Drivers and 500 Driver-Attendants. There is an operational fleet of 122 ambulance vehicles and 82 sitting case vehicles.

For operational purposes the County is divided into two Divisions, No. 1 Division which serves the part of Essex which adjoins the Metropolis and No. 2 Division which serves the remainder of the County. There is a control Room in each Division which co-ordinates the movements of all ambulance vehicles. The Control Room for No. 1 Division is situated at Ilford and is connected by direct telephone line to each of the ten stations in the Division. No. 2 Divisional Control is situated at Chelmsford, and by means of remote control of a main radio transmitter station situated at Danbury, co-ordinates the movements of 60 ambulance vehicles over an area of 1,400 square miles. Direct communication is maintained between the two Control Rooms by means of a private telephone line. Plans are in an advanced stage for the introduction of radio telephony in No. 1 Division and it is hoped that they will be completed during 1956.



Instructions for the movement of vehicles are issued through the two Controls, and emergency calls made anywhere within the Administrative County are automatically routed by the telephone service into either Divisional Control according to the origin of the call. This ensures immediate response to emergency calls and the direction of the nearest available ambulance to an incident without delay.

The approved scheme for the re-organisation of the service providing for a revised establishment of staff and vehicles, and the siting of new stations to meet the increasing demands for transport was further developed during the year.

### Work Undertaken and Trends.

The population of the Administrative County continues to increase largely because of the growth of the new towns of Basildon and Harlow, the building of new estates by the London County Council and the development of existing townships. Industrial development progresses and the increase in road traffic has resulted in more accidents and a heavy toll of casualties. During the year more than 10,000 people were killed or injured on the roads within the Administrative County.

Because no new hospitals have been built in the County for some time, existing hospitals accelerate their bed turnover by establishing new out-patient departments and extending existing departments and treatment clinics in order to meet an increasing need for treatment. In addition more emphasis is placed on out-patients treatment rather than admission to hospital as a measure of economy in connection with the accommodation available.

The demand for ambulance transport therefore continues to increase and costs continue to rise.

During the year 48,368 emergency cases were conveyed by the Service as compared with 45,445 in the previous year. These cases included accidents, maternity cases and illness involving urgent removal to hospital. The following table analyses these cases under their various headings, the accident cases being further sub-divided according to the location of the accident :—

Nature of Emergency	Patients Conveyed		Patients Conveyed 1955 as per cent. of all Emergency Cases
	1954	1955	
Street Accident .....	4,990	5,689	11.7
Home Accident .....	3,163	3,611	7.5
Industrial Accident .....	1,178	1,347	2.8
Other Accidents .....	2,173	2,451	5.1
TOTAL Accidents .....	11,504	13,098	27.1
Maternity .....	9,134	8,791	18.2
Urgent Illness .....	24,807	20,308	42.0
Other Emergencies }		6,171	12.7
TOTAL Emergencies .....	45,445	48,368	100.0



It will be noted that there was an increase in the number of cases conveyed in each group except maternity cases.

A total of 628,612 patients were conveyed by road, of which 583,167 (92%) were non-emergency removals. This represents an increase of 6.3% over the figure for 1954.

There was a reduction in the use of the Hospital Car Service which was used mostly for journeys in which it would be uneconomical to use a directly provided vehicle. As a result, although the number of patients carried by this particular service was reduced from 52,313 to 34,550 the mileage was reduced only from 775,806 to 627,587. In consequence the average mileage per patient rose from 16.8 to 18.2 as compared with 6.2 for the directly provided service.

Excluding patients carried by the Hospital Car Service, 89% of the non-emergency patients were conveyed to or from clinics or out-patient departments and nearly 50% of these were conveyed to physiotherapy clinics. Non-urgent admissions totalled 20,177 (3.7%), discharges 16,691 (3.1%) and inter-hospital transfers 15,732 (2.9%).

The following table shows the continued decrease in the miles per patient over the last five years :—

<i>Year Ended</i>	<i>Patients</i>	<i>Mileage</i>	<i>Miles per Patient</i>
31 . 12 . 51	358,233	3,685,502	10.28
31 . 12 . 52	466,750	3,803,322	8.14
31 . 12 . 53	491,472	3,860,558	7.85
31 . 12 . 54	594,166	4,308,453	7.25
31 . 12 . 55	628,612	4,341,334	6.91

### **Ambulance Stations.**

During the year work commenced on the erection of a main Ambulance Station and Control Room at Aldborough Road, Ilford. When it is completed the Station will provide accommodation for 20 operational vehicles with servicing and cleaning bays under one roof together with an administrative block comprising offices, store room, lecture room, dining room and kitchen for 55 officers and driver attendants. The Divisional Control Room with radio telephone equipment, switchboard and private lines to all stations in the Division will be accommodated on the first floor.

Work was also started on the erection of two other ambulance stations, a main station at Dagenham to accommodate 20 operational vehicles and a small station at Maldon with accommodation for two vehicles.

The provision of other proposed new stations at the new towns of Harlow and Basildon, and at Clacton-on-Sea and Braintree, has been deferred for the time being.

## Vehicles.

The authorised establishment of vehicles in the directly provided service remained at 122 ambulances for recumbent patients and 82 vehicles for sitting patients. In addition 6 ambulances were owned and operated by 3 voluntary associations.

## Operational Statistics.

Figures comparable with those given last year relating to the service provided to the public are as follows :—

		Ambulance Service Vehicles	Hospital car Service	Total
Total mileage	.....	3,713,747	627,587	4,341,334
Number of patients carried	.....	594,062	34,550	628,612
Mileage per patient	.....	6.25	18.16	6.91
Number of emergency cases	.....	48,368	—	48,368

## Cost of the Service.

The following table shows the growth of the Service and the increase in operational commitments and costs over the last five years, the figures in parenthesis indicating percentage increases over the comparable figures for the previous twelve months :—

Year Ended		Total Mileage	Patients Conveyed	Gross Expenditure (actual)
31 . 3 . 51	.....	2,651,817 (28%)	273,139 (33%)	£298,331 (14%)
31 . 3 . 52	.....	3,663,123 (38%)	380,077 (39%)	£380,663 (28%)
31 . 3 . 53	.....	3,869,032 (6%)	491,029 (29%)	£446,920 (17%)
31 . 3 . 54	.....	4,155,465 (7%)	548,520 (11%)	£510,889 (7%)
31 . 3 . 55	.....	4,424,034 (4%)	604,280 (10%)	£536,454 (5%)

## Advisory Survey.

The ambulance advisers of the Minister of Health carried out a survey of the Service in April, 1955.

The surveying officers commented upon the arrangements for the repair and maintenance of vehicles, and the premises used as repair depots, matters which at the time of the survey were already receiving close attention.



The liaison between the County Council and neighbouring ambulance authorities and with the hospitals served was considered to be satisfactory and particular mention was made of the arrangements whereby Station Officers are encouraged to establish close working relationships with local hospitals.

As a result of the survey the whole question of securing the co-operation of general medical practitioners and of hospital authorities in eliminating unnecessary calls and reducing to a minimum the demands on the service is under discussion by the National Health Service Joint Advisory Committee for Essex.

Much valuable information was obtained as a result of the survey, and the courtesy and helpfulness of the Minister's advisers was greatly appreciated.

### DECENTRALISATION OF ADMINISTRATION

Two conferences of Area Medical Officers were held during 1955 at which, amongst other things a proposed memorandum of advice to tuberculous patients, the establishment of evening dental sessions and the arrangements for the supervision of midwives were discussed.

No difficulties arose in connection with the arrangements for the decentralisation of certain of the County Council's functions under the National Health Service Act 1946.

### INTEGRATION OF THE HEALTH SERVICES

The excellent relationships between the three branches of the National Health Service continued unimpaired at all levels of administration during the year.

The Joint Advisory Committee for Essex held four meetings during 1955 and discussed the needs of the new towns and housing estates, the joint use of accommodation, the overriding necessity for economy in the use of the ambulance service, the declining rate of vaccination of infants against smallpox and many other matters particularly affecting the other two branches of the service represented on the Committee.

### OVERSEAS VISITORS

During the year the Department received visits from seven health officers from Overseas, five of them being arranged by the Ministry of Health.

Dr. M. Takabe of the Japanese Ministry of Health was particularly interested in the maternity and child welfare services and during his one-day visit in February was shown two child welfare clinics in the rural parts of the County.

In the company of a Nursing Officer of the Ministry of Health, Mr. M. Langholm of Norway was taken to two of the County Council's Day Nurseries on 9th May, 1955.



Two Norwegian Medical Officers, Dr. K. Berg and Dr. A. Kalsnes, who had been awarded World Health Organisation Fellowships, visited the County on 27th May, 1955, to see something of the Public Health and allied services in rural areas.

On 3rd November, 1955, Professor Nur Ahmad Seyal, who is Professor of Obstetrics and Gynæcology at Nishtar Medical College, Multan, Pakistan, and whose studies, while in the United Kingdom included all aspects of the National Health Service relating to maternity and child welfare, was taken to see the Ante-natal and Midwifery Services in Harlow New Town.

At the request of the Home Office, Dr. A. Nozari of the Ministry of Health, Iran, came to the County for a day in November to study Child Welfare and School Health Services. During his stay, he visited a Child Guidance Clinic.

The National Association for the Prevention of Tuberculosis arranged for Mr. K. C. Gardner, Senior Sanitary Inspector, Island Medical Service, Jamaica, to spend three weeks in Essex, during September, to obtain practical experience in the prevention of tuberculosis, care and after-care.

On 20th October, 1955, the Committee welcomed at their meeting Raja Musa, the heir apparent to the throne or sultanate of Perak, Malaya, who was on an educational tour in this country.

## CIVIL DEFENCE

It is gratifying to report that in spite of the numerous counter-attractions which exist today there are still many citizens willing to give up some of their spare time to Civil Defence. As a result, the number of volunteers enrolled in the Ambulance and Casualty Collecting Section of the Essex Civil Defence Corps showed a further increase and totalled no fewer than 2,176 at 31st December, 1955, 82 more than at the end of the previous year. The details are as follows, the comparable figures for 1954 being shown in parenthesis :—

	Men			Women			Total	
Eastern Region .....	433	(421)	.....	768	(732)	.....	1,201	(1,153)
London Region .....	357	(376)	.....	618	(565)	.....	975	(941)
Totals .....	790	(797)	.....	1,386	(1,297)	.....	2,176	(2,094)

In anticipation of the revised syllabus of training covering the full duties of the Section, arrangements were made for Mr. N. W. F. Mason and Mr. R. C. G. Langford, Assistant County Ambulance Officers, as well as the Officer-in-charge of the Chelmsford Ambulance Station to attend instructors' training courses arranged by the Ministry of Health at the Home Office Civil Defence School, Falfield, Gloucestershire.

The issue of Circular No. 15/55 by the Ministry of Health on 29th September, 1955, was another step forward in implementing the Civil Defence (Casualty Collection) Regulations of 1954 and as a result 280 first aid haversacks and 80 'manpacks' were purchased for training purposes. Consideration was also being given to revising the Draft Operational Plan for the deployment of personnel and vehicles in the event of an emergency arising, in order to provide for the wider responsibilities of the Ambulance and Casualty Collecting Section.

Progress in giving driving instruction to volunteers was not up to expectations, mainly for lack of suitable vehicles but also because alternative arrangements made with a commercial driving school did not materialise. The whole question is now receiving careful consideration.

Dr. J. A. C. Franklin, Deputy County Medical Officer of Health, and Drs. J. L. Miller Wood and W. J. Moffat, Area Medical Officers who also act as Heads of Section at sub-divisional level, attended courses of instruction at the Civil Defence Staff College.

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### SECTION III.—CARE OF MOTHERS AND YOUNG CHILDREN.

#### Child Welfare Centres.

At the end of the year there were 238 Child Welfare Centres operating in the County as compared with 236 at the end of 1954.

The following changes in the arrangements took place during the year :—

##### *New Centres :*

Cressing : Mission Hall, Tye Green.

South Ockendon : Village Hall.

Aveley : Health Centre, Darenth Lane.

Harlow : Osler House, Potter Street ; Sydenham House, Netteswell ;  
Nuffield House, The Stowe ; Parndon Hall Gardens.

##### *Centres Discontinued :*

Abbess Roding : Village Hall.

South Ockendon : 28/30 Annalee Road.

Harlow : Haygarth House, Mark Hall ; Clarkes Bakery, Potter Street ;  
22 Long Ley, Netteswell.

Attention has recently been drawn to the unique opportunities existing in Child Welfare Clinics for the promotion of the healthy physical, mental and emotional development of young children. The staff of clinics in the County have always appreciated this and recognised that the main function of the clinic is health education. However, in view of the changing character of the work, and the increasing emphasis on mental and emotional health, it will be appropriate to describe the work being done in the Infant Welfare Clinics in the Annual Report for next year and in the meantime a review of existing arrangements and methods is being undertaken.

#### Special Psychiatric Clinic for Pre-School Children.

The special clinic which is held in a room at the Child Welfare Centre, West Avenue, Walthamstow, was established in 1952 and the psychiatrist in charge has reported that the work done there continues to give gratifying results. This confirms the opinion expressed in previous reports that it presents a rewarding field of work, but nevertheless the number of cases referred to the clinic (12 in 1955 as against 14 in 1954) remains disappointingly low in view of the increasing acceptance of the importance of recognising in young children the early stages of those emotional disturbances which, if left untreated, may progress to some serious maladjustment during school life. Arrangements are being made to improve the opportunities for individual consultation between the psychiatrist and the Assistant County Medical Officers who refer the children to the clinic, in order that some guidance may be given to them in dealing with the emotional problems of earlier childhood.



## Co-operation between Hospital Paediatric Departments and Professional Staff of the County Council.

Reference has been made in previous reports to arrangements which exist in the County for liaison between the medical and health visiting staffs of the County Council and the medical and nursing staffs of the various hospitals serving the County. The arrangements have continued during the year, and more of the staff have been afforded the opportunity of gaining valuable experience from the arrangements.

## Distribution of Welfare Foods.

The arrangements for the distribution of welfare foods continued on a satisfactory basis during the year. An assessment of the needs of the public in regard to distribution centres was undertaken, on the basis of the experience gained since 1st July, 1954, when the County Council took over the arrangements from the Ministry of Food. As a result the number of distribution points had been increased from 424 to 434 by the end of the year. The number of storage depots in operation at the end of the year was 47 as compared with 48 in the previous year.

The issues of welfare foods in Essex during 1954 and 1955 were :—

	1954	1955
Orange Juice (Vitamin C), bottles .....	1,347,756	1,463,504
Vitamins A and D Tablets, packets .....	69,972	86,168
Cod Liver Oil (Vitamin A and D), bottles	223,006	218,620
National Dried Milk, tins .....	887,070	790,806

During the year the Ministry of Health invited comments from local health authorities regarding the national fall in consumption of welfare foods during the twelve months ended 30th June, 1955, and also on other points connected with their distribution. It was difficult at that time to comment accurately upon the effect of the transfer of the arrangements from the Ministry of Food to the County Council because reliable figures on the trends in connection with the issue of welfare foods immediately prior to the transfer were not available. It appeared, however, that there were no sudden alterations in weekly issues after the changeover ; and where in certain areas in the County decreases occurred they were either slight or transient.

During the twelve months from the date of transfer up to July, 1955, the following trends in connection with issues were noted :—

ORANGE JUICE. Seasonal fluctuations showed an overall increase of issues by the summer of 1955 compared with the issues during the previous summer.

VITAMINS A AND D TABLETS. There was a consistent increase throughout the period.

COD LIVER OIL. Seasonal fluctuations noted but issues during the summer of 1955 were less than issues during the previous summer.

NATIONAL DRIED MILK. Issues had declined steadily mainly due to the preference of mothers for liquid milk following the introduction of the interchangeability of milk tokens. Other contributory factors were considered to be the freer sales of proprietary brands of dried milk and an increase in the number of mothers breast feeding their babies.

Other points noted in connection with the matter were (a) that the issue of an explanatory leaflet with each book of tokens would be an advantage and (b) that national publicity in the press, and otherwise, regarding the changeover and the use of the new type of coupon had not been adequate.

### **County Medicament and Nutriment Scheme.**

The scheme for the supply, upon the recommendation of a medical officer, of approved medicaments free of charge to mothers and children attending Child Welfare Centres continued to operate as in previous years. Nutriment are similarly provided at reduced prices. At some of the smaller centres held in hired premises it was not always possible for stocks of medicaments or nutriment to be stored nor was it practicable to keep the full range of approved medicaments and nutriment in stock owing to the very limited demand for some items. To maintain the service at these small centres vouchers have been provided to enable the required medicaments or nutriment to be obtained from local chemists on terms which are as favourable as those which apply at centres where issues are made from stock.

The approved lists of medicaments and nutriment are reviewed from time to time in the light of current medical opinion and public demand.

### **Dental Treatment and Dentures.**

The report of the Chief Dental Officer on the work of the County Dental Service appears on page 68. The following table indicates the dental treatment provided for mothers and young children during the year 1955 :—

	Expectant and Nursing Mothers	Children under 5 years of age
<i>(a) Number provided with dental care—</i>		
Examined .....	2,286	3,547
Needing treatment .....	2,073	3,202
Treated .....	1,956	2,969
Made dentally fit .....	1,449	2,445
<i>(b) Forms of dental treatment provided—</i>		
Extractions .....	3,254	2,710
Anaesthetics :		
Local .....	858	231
General .....	725	1,314
Fillings .....	2,964	3,356
Scalings or scaling and gum treatment .....	897	22
Silver nitrate treatment .....	56	1,572
Dressings .....	884	966
Radiographs .....	95	9
Dentures provided :		
Complete .....	201	—
Partial .....	245	—
Crowns and inlays .....	5	—

### Specialist Services.

Specialist sessions held in the Administrative County are staffed by the Regional Hospital Boards and are constantly under review. During the year the following variations have been made in previously existing arrangements :—

#### *Sessions transferred—*

Ophthalmic .....	From Essex County Health Services Clinic, Maldon to St. Peter's Hospital, Maldon.
Orthopædic .....	From the Victoria Hospital, Romford to the Essex County Health Services Clinic, Marks Road, Romford.
Ascertainment	

#### *Sessions commenced—*

Orthopædic .....	Nuffield House, Harlow—one session every six weeks.
Ascertainment	
Physiotherapy .....	Moot House, Harlow—one additional session in alternate weeks.



Ophthalmic	.....	Essex County Health Services Clinic, Craylands —one session each month. Essex County Health Services Clinic, Wickford— one session each month. Essex County Health Services Clinic, Chingford —one additional session each month. Essex County Health Services Clinic, Loughton Hall—one additional session each month. Moot House, Harlow—sessions increased from one to two each month. Health Centre, Harold Hill—two sessions each month (transferred from Marks Road, Rom- ford).
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In accordance with the usual arrangements, details of extensions of the Specialist Services considered necessary during the financial year 1956/57 were submitted to the North-East Metropolitan Regional Hospital Board as follows :

<i>Health Area</i>	<i>Premises</i>	<i>Proposed Extension</i>
South Essex	..... Abbs Cross ..... Lane, Horn- church. Southend Road, Rainham. St. Mary's Lane, Upminster. Aveley Health Centre.	Increase of orthopædic sessions from one session every two months to one session each month. Increase of physiotherapy sessions from one session fortnightly to one session weekly. Provision of one orthopædic session quarterly. Provision of one ophthalmic session fort- nightly, and one orthoptic session monthly. Increase of weekly physiotherapy session to two sessions each week. Provision of one orthopædic session every two <b>months.</b>
Forest	..... To be fixed .....	Provision of nine psychiatric sessions each week.
Romford	..... Marks Road .....	Increase of orthopædic sessions from one each month to one every four weeks. Increase of ophthalmic sessions to one each week instead of 2—3 each month.
	Harold Hill ..... Health Centre.	Increase of ophthalmic sessions to four each month instead of two each month.
Walthamstow	..... Open Air ..... School, Hale End Road.	Provision of one additional orthopædic ascertainment session each quarter.

## Day Nurseries.

Owing to the continued low attendances at the two Day Nurseries at Chingford, it was decided to close the Hatch Lane Day Nursery as from 7th August, 1955.

The 23 Day Nurseries which the County Council were maintaining at the end of the year provided a total accommodation for 1,181 children.

Eighteen of the 23 Day Nurseries maintained at the end of the year were approved by the Ministries of Health and Education for the training of nursery students in the care of children 0—5 years (Wanstead Day Nursery is approved only in respect of the care of children aged 6 months—5 years).

During the year the National Nursery Examinations Board, which is responsible for prescribing the type and extent of training for nursery students introduced revised regulations. The new regulations require training nurseries to provide experience mainly with children in the age range 0—3 years or with children in the age range 1—5 years. The County Council's training nurseries provide experience in the full age range 0—5 years and no difficulties arose in implementing the new Regulations.

## Nurseries and Child Minders Regulation Act, 1948.

The following table based on information supplied by Area Medical Officers shows the number of premises and child minders registered by the County Council in accordance with the requirements of the Nurseries and Child Minders Regulation Act, 1948, together with the actual number of children for whom provision has been made at the end of the year, and comparable figures for the year 1954 :—

Health Area	NURSERIES				CHILD MINDERS			
	Number Registered		Number of Children provided for		Number Registered		Number of Children provided for	
	1954	1955	1954	1955	1954	1955	1954	1955
North-East Essex	2	2	45	45	2	—	12	—
Mid-Essex .....	2	3	28	34	1	1	8	6
South-East Essex	—	—	—	—	—	—	—	—
South Essex .....	4	5	118	143	1	—	1	—
Forest .....	3	4	51	56	14	11	40	26
Romford .....	—	—	—	—	1	—	2	—
Barking .....	—	—	—	—	—	—	—	—
Dagenham .....	—	—	—	—	2	3	12	17
Ilford .....	4	5	100	121	3	3	27	27
Leyton .....	—	—	—	—	1	1	3	3
Walthamstow .....	—	—	—	—	—	—	—	—
TOTAL .....	15	19	342	399	25	19	105	79



### Daily Guardians Scheme.

The number of registered Daily Guardians and the number of children being cared for at the end of the year under the Daily Guardians Scheme is given below. The scheme has continued to operate in the Forest, Dagenham and Walthamstow Health Areas of the County.

Health Area				Daily Guardians		Children being cared for
Forest	.....	.....	.....	5	.....	3
Dagenham	.....	.....	.....	119	.....	80
Walthamstow	.....	.....	.....	20	.....	5
				—————		—————
				144		88
				—————		—————

### Health Visiting.

At the end of the year 187 fully trained health visitors were employed, a considerable proportion of whom combined school nursing with their other duties, whilst others also acted as tuberculosis visitors. In addition 20 nurses were employed as tuberculosis visitors in a full time capacity mainly in the part of the County adjacent to the Metropolis: 43 state registered nurses with no training as health visitors were employed solely in the school health services and a further 10 whole-time and 26 part-time nurses were employed as clinic nurses. The total complement of nurses employed in the health visiting, tuberculosis and school nursing service was 220 whole-time and 30 part-time.

As more fully trained health visitors become available it is envisaged that every health visitor will have a proportion of school children in her visiting case load and that she will be responsible for the more important school nursing duties and share in the health education of these children.

With the ever increasing cost of curative medicine, health education becomes even more important than heretofore and the part which the health visitor plays in this field of work is expanding. During the year 552 lectures were given to a wide variety of audiences by the health visiting staff.

The appointment of school nurses who are not trained health visitors is undesirable but there are a number of less responsible duties of a routine nature which may well be carried out by less highly qualified staff at clinics where either children under five years of age or school children attend, thus permitting the health visitor to devote more time to home visits—always the most important of her many duties. In an urban area with a wide variety of clinics it is possible that there will be sufficient scope for the employment of persons with lower qualifications.

The number of trained health visitors available in the County is still approximately one to each 7,000 of the population—a good deal short of the proposed figure of one health visitor to each 4,000 of the population. Returns show that four-fifths of the visits paid by health visitors are to children.



Unless there is a considerable increase in the number of health visitors in the County, it will be difficult to widen the scope of their duties so as to cover other sections of the community. A start has been made in visiting elderly people who are reported as requiring advice.

*Liaison with other Services.*—The liaison between the health visitor and the general medical practitioner is growing and the value of the health visitor's specialised knowledge of families and their living conditions is becoming more generally appreciated by doctors.

Enquiries are received from both general medical practitioners and maternity hospitals for relaxation classes for expectant mothers and an increasing number of such classes, which include instruction in mothercraft, are being conducted by both health visitors and midwives. Every opportunity is taken to increase the number of staff trained to conduct such classes.

In a number of Health Areas arrangements exist for both assistant county medical officers of health and health visitors to undertake ward rounds or attend out-patient sessions with the pædiatrician at the local hospital. Exchange of information is of benefit to both services and health visitors are able to reassure mothers in regard to the progress of their children in hospital and to help them upon discharge to carry out the advice of the pædiatrician.

*Lectures to Student Nurses.*—Selected health visitors continued to give lectures to student nurses in training hospitals in the County on "The Social Aspects of Disease."

*Training.*—The training of student health visitors under the County Council's Training Scheme continued throughout the year. Since the inauguration of the Scheme in 1950, 59 students have been trained. Under it students receive a salary at the rate of £337 15s. 0d. a year, and are granted a loan of up to £60, five-sixths of which is repayable. After training the students are expected to remain in the service of the County Council for at least two years.

### Convalescent Facilities.

The arrangements with the Invalid Children's Aid Association in connection with the convalescence of children under five years of age were continued. Supplementary arrangements were also made with individual Convalescent Homes for the provision of recuperative holidays for nursing and expectant mothers whose condition, in the opinion of a medical officer, warranted the provision of these facilities.

During the year applications were received and recuperative holidays provided as follows :—

			Number of Applications	Number provided with Convalescence
Mothers	.....	.....	37	24
Children	.....	.....	86	65

## CHILDREN ACT, 1948

### Remand Homes.

The medical arrangements at the two Remand Homes maintained by the Children's Committee, one for boys at Boyles Court, Harold Wood, and the other for girls at Great Baddow, near Chelmsford, were continued. They are as follows:—

Medical treatment is provided by a local general medical practitioner under Part IV of the National Health Service Act, 1946.

Psychiatric reports are provided by psychiatrists engaged at the appropriate Child Guidance Clinic.

Routine Medical Inspections and reports on hygiene conditions are provided by assistant county medical officers.

Special reports for magistrates are provided by an educational psychologist in the case of the Girls' Home and by an assistant county medical officer in the case of the Boys' Home.

			No. for whom accommodation is available	No. of admissions	No. of leavers
Great Baddow (girls)	.....	.....	20	155	154
Boyles Court (boys)	.....	.....	40	328	339
			<hr/>	<hr/>	<hr/>
Total	.....	.....	60	483	493
			<hr/>	<hr/>	<hr/>

### Boarded-Out Children.

All children who are boarded out by the Children's Department are medically examined once a year by a general medical practitioner. The number of children examined during 1955 was the same as in 1954, i.e. 844. After the reports of these examinations had been perused, it was found that 326 children required treatment or observation for various conditions.

In connection with the Boarding-out of Children Regulations, 1955, which were due to come into operation on 1st January, 1956, particular attention has been given to the requirement that boarded-out children under two years of age should be medically examined at six-monthly intervals. It is anticipated that members of the Council's medical staff may be able to undertake some of these examinations.

### Residential Nurseries.

Visits were again paid during the year to the County Council's Residential Nurseries in company with the Children's Officer.

In addition an inspection was carried out of four of the six privately owned Residential Nurseries in Essex which are registered under Part VII of the Public Health Act, 1936, as amended by the Children Act, 1948. The individual aspects of child care were found to be, in the main, satisfactory in three of these nurseries.



## REPORT OF THE CHIEF DENTAL OFFICER

This is the writer's first Annual Report as Chief Dental Officer following his taking up duty in June, 1955.

During the year under review fewer mothers and pre-school children of the priority classes received treatment than in the previous year. In fact only about 8 per cent. of the expectant and nursing mothers in relation to the total number of births were treated at Local Authority Clinics in the Administrative County. In 1954 this figure was 9 per cent. The latest available comparison for England and Wales, that of 1953, is given as 6 per cent. by the Chief Medical Officer to the Ministry of Health. Probably the shortage of dental officers contributes to this state of affairs as much as unwillingness on the part of the mothers, and unfortunately there are no grounds for assuming that any considerable numbers of mothers seek their preferential treatment under the National Health Service scheme. In spite of this there is, however, one bright spot in the otherwise gloomy picture and that is the increase in the amount of work done for each patient. The following table sets out the amount of treatment given per 100 patients in the County for the years 1950 and 1955.

	<i>Expectant and Nursing Mothers</i>				<i>Pre-School Children</i>	
	<i>Scalings</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Dentures</i>	<i>Fillings</i>	<i>Extractions</i>
1950	30	73	174	23	66	110
1955	46	152	166	26	113	91

This picture within its narrow limits shows a decided swing towards a more conservation-minded approach and that more emphasis is being placed on the preservation of the natural teeth. There is no relationship between the meagre amount of time which can be allotted to this work and its importance to the community. Advice and attention to expectant mothers is the first link in the chain of comprehensive treatment for the priority classes and, if for this alone, it should be encouraged. It is hoped that more mothers will be treated following the institution of evening treatment sessions.

Ministry of Health Circular 11/55 covering a memorandum on the Maternity and Child Welfare Dental Services was received in June, 1955. This comprehensive document sets out suggestions as to the dental services which should be provided by Local Health Authorities under the National Health Service Acts, 1946 to 1952. Following a suggestion therein the County Council agreed to the principle that dental officers should be allowed to work not more than three evening sessions weekly and at the time of writing this has been put into practice where dental officers have volunteered. Mention must be made of the difficulty in recruiting suitable dental attendants for either day or evening work following the latest Whitley Council salaries award. It



appears that in the foreseeable future it will be as difficult to recruit the right type of dental attendant as it is now to recruit suitable dental officers.

An ideal service would be one where all mothers and young children attending Health Services Clinics for the first time would have the opportunity of dental examination and advice. This would be followed by comprehensive treatment, with a bias to saving natural teeth where reasonable, and backed up by a programme of dental health education.

It is now the practice to utilise the services of Assistant County Medical Officers and General Medical Practitioners for the administration of general anaesthetics for dental extractions thus leaving dental officers more time to devote to the operational side of the service. The successful administration of general anaesthetics to very young children often presents problems and it is desirable that persons undertaking this work should be up to date both in the techniques and the choice of anaesthetic. Keeping this in mind consideration is being given to arrangements whereby Assistant County Medical Officers may attend refresher courses at regular intervals. By good fortune and arrangement with the North-East Metropolitan Regional Hospital Board, the services of a consultant anaesthetist on a sessional basis for Walthamstow were secured and it is hoped to extend this service later. By so doing, patients who would otherwise be referred to hospital are treated at the clinic.

It has been stated that in this country the 5 year old child starts school with an average of 4 or 5 decayed or missing teeth and it must be accepted that the task of righting this state of affairs is far beyond the capacity of the available dental manpower. Preventive measures such as the fluoridation of domestic water supplies to reduce the incidence of dental decay may be the answer. Consideration is being given to this by the Ministry of Health, who have stated that the addition of a fluorine salt to domestic water supplies up to a concentration of about one part per million will give beneficial results. Pilot schemes are being prepared in some selected areas in the country.

The dental laboratories at Barking and Walthamstow continue to supply most of the appliances needed in the service, only a few being let out to private technicians. Both the Authority's laboratories are now approved by the National Joint Apprenticeship Committee for training dental apprentices, with staff and facilities suitable for one apprentice each.

During the last few years disquiet has been felt at the lack of recruitment to the dental profession and an Interdepartmental Committee of Inquiry into this was set up during the year under the Chairmanship of Sir Arnold (now Lord) McNair. Its findings are expected in 1956. The Dentists Bill is on its way through Parliament and its two chief items are that the profession should have its own governing body in the proposed new General Dental Council and that a comprehensive pilot scheme should be put in hand to test the desirability or otherwise of creating a new body of ancillary dental workers. These persons after a shortened training, would do some of the work which is at present the province of the dentist. It is embodied in the Bill that these ancillary workers would be at first employed only by the National and Local Authority

Services. It is interesting to read the reference to children's dentistry in the Guillebaud report on the cost of the National Health Service. This Committee is disposed to agree that children's dentistry is a special art and that it can be provided more efficiently and economically in relationship with the maternity and child welfare and school clinics.

Dentistry, especially for young children, calls for great patience and is often an act of faith and it is difficult to assess the effort put into the work by reference to statistics only. It is a service which to some extent must bear its own rewards and it is perhaps best carried out by people who make the treatment of children their career.

J. BYROM,

*Chief Dental Officer.*



## SECTION IV—MIDWIFERY AND HOME NURSING

Recruitment to the Home Nursing and Midwifery Service is proving increasingly difficult. Advertisements often have to be repeated over several months before a suitable applicant is found to fill one vacancy. In this connection it is a disappointing fact that it has not been possible to staff the County services from the four Training Homes maintained by the County Council, particularly bearing in mind that they all provide training in Part II Midwifery and also in District Nursing.

The County Council undertakes the responsibility of the Part II Midwifery Training of 90 to 100 pupil midwives annually and also the training of 30 to 40 student district nurses. Approximately one third of these undertook training as independent candidates or under the auspices of other Authorities. A proportion of pupil midwives upon completion of their Part II Training remain to undertake district training, but the number who are prepared to settle in the County is not sufficient to meet the needs of the service. Of 83 student district nurses trained during the years 1952 to 1954 on the understanding that they would be available for work in the County, 27 were transferred to districts in Health Areas and only 15 are still working in the County. Of the remaining 56, 23 are still on the staff of the Training Homes. Thus less than half of the district nurses trained during the three years have remained on the staff of the County Council.

One of the purposes of maintaining training homes is to provide a nucleus of well trained staff. At the present time it would appear that a large proportion of candidates are taking a variety of training courses (i.e. midwifery, district nursing and health visiting) without first considering in which particular branch of the public health nursing service they wish to specialise or alternatively whether their object is to qualify for an administrative post.

In any of the public health nursing services the individual nurse becomes increasingly valuable after she has worked a number of years in the same district. She has then gained experience in her profession and has had an opportunity to become familiar with the circumstances and personalities of the families amongst whom she is working.

In view of the wide variety of posts now open to women which do not necessitate work at weekends, remaining on call at all hours and travelling in all weathers, it may be that more emphasis should be placed on the value to the community and the health services of a nurse or midwife who is prepared to remain for a number of years in one district.

### MIDWIFERY

The domiciliary midwifery service is provided by the County Council by employing whole-time Midwives and Home Nurse Midwives. The numbers



employed at the end of 1955 are shown in the following table and are compared with the numbers employed at the end of the previous four years :—

<i>Designation</i>	<i>No. employed at end of year</i>				
	1951	1952	1953	1954	1955
Midwives .....	73	70	63	67	67
Home Nurse Midwives .....	199	206	217	211	210
Total .....	272	276	280	278	277

The number of domiciliary births in the County continued to rise in 1955, and the Table on page 73 shows comparative figures for domiciliary and institutional births over the past five years in the eleven Health Areas. In view of the fact that the number of births in the Administrative County rose from 23,974 in 1951 to 24,839 in 1954, an increase of almost 1,000 births, it is remarkable that the percentage of institutional births varied so little over these years, falling by only .2 per cent. in each year to reach 64.2 per cent. in 1954. It was only in 1955, when the total births actually fell slightly that the percentage of institutional births was reduced by 1.2 per cent. to 63 per cent. This level of institutional births is an indication that for the County as a whole the number of maternity beds available is adequate to cater for considerably more than the Ministry of Health's suggested figure of 50 per cent. of births, but the variation from Health Area to Health Area confirms that the distribution of beds is uneven. South Essex and Romford have 49 per cent. and 48 per cent. respectively of hospital deliveries, whilst Barking, Ilford, Walthamstow and Leyton have from 75 per cent. to 80 per cent. In two of these Areas there are Training Homes for pupil midwives and the declining number of domiciliary births each year is making training increasingly difficult.

The diagram on page 122 shows the trend in domiciliary and institutional births over the last five years. In the left hand section of the diagram the numbers of births are shown in three groups of Health Areas. In the Rural Areas (North-East Essex and Mid-Essex) there has been little variation in the number of births but the section on the extreme right shows that from 1951 to 1954 there was a steadily falling proportion of births on the district which in 1955 was reversed. In the highly built-up part of the County adjacent to the Metropolis (the Health Areas of Barking, Dagenham, Ilford, Leyton and Walthamstow) there has been a fall in both domiciliary and institutional births but although the proportion of births on the district was low in 1951-53 it was still lower in 1954 and 1955.

In the remaining Health Areas there has been considerable building development during the period ; in the case of South Essex and Romford due

# BIRTHS NOTIFIED IN 1951-55

AREA	DOMICILIARY					INSTITUTIONAL					TOTAL					INSTITUTIONAL AS A PERCENTAGE OF TOTAL				
	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955
North East Essex	835	814	758	796	817	1,731	1,776	1,780	1,713	1,779	2,566	2,590	2,538	2,509	2,596	67.5	68.6	70.1	68.3	68.5
Mid Essex	1,108	1,052	1,127	1,078	1,105	2,085	2,100	2,247	2,338	2,234	3,193	3,152	3,374	3,416	3,339	65.3	66.6	66.6	68.4	66.9
South East Essex	674	663	714	774	939	874	936	971	1,035	1,117	1,548	1,599	1,685	1,809	2,056	56.5	58.5	57.6	57.2	54.3
South Essex	1,627	1,747	1,881	2,028	2,170	1,876	1,932	2,073	2,105	2,091	3,503	3,679	3,954	4,133	4,261	53.6	52.5	52.4	50.9	49.1
Forest	1,069	1,033	1,146	1,148	1,247	1,845	1,905	2,152	2,133	2,152	2,914	2,938	3,298	3,281	3,399	63.3	64.8	65.3	65.0	63.3
Romford	694	880	965	1,025	972	1,026	1,049	1,013	904	898	1,720	1,929	1,978	1,929	1,870	59.6	54.4	51.2	46.9	47.8
Barking	268	222	231	219	245	919	914	892	801	770	1,187	1,136	1,123	1,020	1,015	77.4	80.5	79.4	78.5	75.9
Dagenham	646	758	700	649	583	1,130	1,009	1,144	1,072	982	1,776	1,767	1,844	1,721	1,565	63.6	57.1	62.0	62.3	62.7
Ilford	633	645	645	559	552	1,756	1,727	1,647	1,706	1,619	2,389	2,372	2,292	2,265	2,171	73.5	72.8	71.9	75.3	74.6
Leyton	397	340	316	282	234	1,025	1,049	984	1,016	940	1,422	1,389	1,300	1,298	1,174	72.1	75.5	75.5	78.3	80.1
Walthamstow	492	378	416	361	328	1,264	1,198	1,165	1,170	1,065	1,756	1,576	1,581	1,531	1,393	72.0	76.0	73.7	76.4	76.4
TOTAL	8,443	8,532	8,899	8,919	9,192	15,531	15,595	16,068	15,993	15,647	23,974	24,127	24,967	24,912	24,839	64.8	64.6	64.4	64.2	63.0



to the establishment of London County Council housing estates and in the case of South-East Essex and Forest to the development of the new towns of Basildon and Harlow. These Areas are combined in the left hand part of the diagram and shown separately in the centre because the individual trends show certain differences. When the Areas are combined a rapid rise in both domiciliary and institutional births is shown. The general tendency is to an increase in the already relatively large number of births on the district but the trend in the Forest Health Area has been rather different in that there was a fall until 1953 and a rise thereafter. This is probably explained by the fact that in addition to the new town of Harlow, the Forest Health Area has been subject to considerable suburban development in some districts and in addition a number of London County Council housing estates were completed before the period which is being reviewed. It is likely therefore that the number of births and the proportion of them on the district will be falling, and in view of the satisfactory maternity hospital provision in that part of the Area adjacent to Harlow it is not surprising that the proportion of births at home should be relatively low and falling until the development of the new town had made some progress.

A comparison of the Health Areas in which London County Council housing estates have been built shows that the number of institutional births reached their peak about the time the estates were completed, i.e. South Essex in 1954 and Romford in 1952, but domiciliary births in Romford continued to rise until 1954 and in South Essex have not yet reached their peak.

Of the patients confined in institutions during the year 3,256 were discharged before the fourteenth day and were therefore attended by domiciliary midwives after their discharge.

In 80 per cent. of domiciliary confinements the infant was completely breast fed at the fourteenth day.

### **Analgesia.**

Of the women who were confined at home 78.3 per cent. received gas and air analgesia whilst 47.8 per cent. were given pethidine.

Owing to delays in delivery only three Trichloroethylene B.P. machines of the approved type were in use by the end of the year and 17 patients had received this form of anaesthesia.

Each of the four Training Homes has been or will be supplied with a machine and after they have been in use for twelve months an assessment of the value of Trichloroethylene in district work will be made with a view to an extension of the facilities.

### **Ante-Natal and Post-Natal Clinics.**

Details of attendances of women at ante- and post-natal clinics during 1955 are shown on the next page.



	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at clinics included in Col. (2)		No. of women in attendance		Total No. of attendances during the year	
		Medical Officers Sessions	Mid-wives Sessions *	No. of women who attended during the year	No. of new cases included in Col. (4)	Medical Officers Sessions	Mid-wives Sessions *
(1)	(2)	(3)		(4)	(5)	(6)	
L.H.A. clinics—							
(a) Ante-natal clinics	83	354	148	13,347	10,486	58,193	20,651
(b) Post-natal clinics	18	38	—	3,583	3,528	4,410	—
				1,289§	1,229§	1,399§	

\*i.e. where no medical officer is present.

§Post-natal attendances at ante-natal clinics are included in the post-natal figures.

### Puerperal Pyrexia.

Of the 454 cases of puerperal pyrexia notified during the year 40 occurred in domiciliary confinements.

### Maternal Deaths.

The deaths which were ascribed to pregnancy, childbirth or abortion during the year, numbered eleven giving a mortality rate of 0.44 per cent. of total births compared with a rate of 0.80 in 1954.

### Virus Infection during Pregnancy.

The registration of cases of rubella has now ceased, but the follow-up of previous cases continued during the year.

### Care of Unmarried Mothers and their Babies.

During the year 314 girls and women were admitted to hostels maintained by the Chelmsford Diocesan Moral Welfare Association, the average length of stay of each mother being seven and a half weeks before confinement and six weeks after confinement.

Some difficulties were experienced by the Association during the year in recruiting the type of staff needed for this specialised work, and as a result of these difficulties and also for economic reasons the hostel at 51, Junction Road, Romford, was closed during the year. The hostel formerly at 38, The Drive, Walthamstow, was also closed under a demolition order but new accommodation was found at 43, West Avenue Road, Walthamstow.

## HOME NURSING

## Cases treated and Visits paid.

The table on page 77 shows the number of cases treated and visits paid for by Home Nurses and Home Nurse Midwives during 1954 and 1955. In 1955 there was a small increase over the 1954 figures in both cases and visits, the percentage increase being rather larger for visits than for cases. The table shows that for many diseases the number treated was much the same in each year, but the tendency noted last year for the number of cases of chronic disease to increase is still evident, cardiac cases having increased by 365 and cases of three other types of chronic disease (groups 8, 9 and 28) by 100 or more. The number of cases of lung disease treated was greater than in 1954, but less than in 1953.

Two-thirds of the increase in the number of visits paid was accounted for by visits to diabetics, cardiac cases and cases of diseases of the central nervous system which in 1955 accounted for 44 per cent. of the total number of visits paid. In two groups (tuberculosis and other digestive diseases) the number of visits paid increased sharply, although the number of cases treated was substantially the same. By contrast a small decline in the number of cases of urinary disease and of disease of the male genital organs was associated with a substantial fall in the number of visits to these cases. Fewer visits were also paid to patients with eye or ear diseases and to pregnant and nursing mothers.

The different types of treatment provided by Home Nurses in 1954 and 1955 is shown in the following table :—

Treatment provided	Cases treated		Visits paid	
	1954	1955	1954	1955
1. Injections .....	11,186	11,850	266,055	290,809
2. Injections and dressings .....	364	299	10,191	8,337
3. Injections and general care .....	597	521	21,959	22,181
4. Injections and blanket baths .....	47	65	3,175	3,013
5. Injections and "other" treatment* .....	143	82	2,060	1,026
6. Dressings .....	3,242	3,229	76,386	78,299
7. Dressings and general care .....	182	154	9,952	7,053
8. Dressings and "other" treatment* .....	67	65	1,698	976
9. Change of pessary .....	866	851	6,346	6,663
10. Wash outs, douches, etc. ....	1,100	1,167	12,810	15,238
11. Blanket baths .....	1,023	1,322	30,308	36,320
12. Blanket baths and general care .....	80	80	3,119	3,540
13. Enemata .....	2,512	2,650	6,702	6,685
14. Enemata and general care .....	105	84	1,943	1,162
15. General care only .....	5,917	5,728	188,822	189,535
16. Other treatment* .....	1,111	1,116	15,919	16,762
17. Observation and instruction only .....	614	616	3,598	4,267
18. Not stated .....	44	25	460	336
All treatments .....	29,200	29,904	661,503	692,202

\*"Other" treatment includes the administration of medicines, drops, poultices and compresses and the taking of temperature, pulse and respiration.



## CASES TREATED AND VISITS PAID BY HOME NURSES, 1954 AND 1955

International List No.	Disease Group	Cases treated		Visits paid	
		1954	1955	1954	1955
001-019	1. Tuberculosis .....	628	631	24,023	27,350
020-096	2. Other infectious diseases .....	308	290	3,557	3,957
100-138	3. Parasitic diseases .....	144	76	1,130	404
140-205	4. Malignant and lymphatic neoplasms .....	1,445	1,481	42,660	44,851
210-239	5. Benign and unspecified neoplasms .....	113	118	2,078	2,917
241	6. Asthma .....	199	220	2,356	2,324
260	7. Diabetes mellitus .....	1,025	1,056	119,931	125,928
290-293	8. Anaemias .....	600	700	19,613	20,515
330-357	9. Disease of the central nervous system .....	1,640	1,761	66,171	73,322
794	10. Senility .....	1,468	1,408	48,553	47,145
370-398	11. Diseases of the eye and ear .....	1,148	1,062	11,799	10,129
410-458	12. Diseases of the heart and arteries .....	3,468	3,835	97,346	105,338
460-466*	13. Diseases of the veins .....	792	819	30,920	32,330
470-475 } 481-483 } 510-517 }	14. Upper respiratory disease	1,147	1,141	6,783	6,512
480 } 490-502 } 518-527 }	15. Pneumonia, bronchitis and other diseases of the lungs .....	2,824	3,144	29,587	31,836
530-535	16. Diseases of the teeth and supporting structures .....	145	119	715	620
540-545	17. Diseases of the stomach and duodenum .....	83	68	1,051	1,313
550-553	18. Appendicitis .....	138	122	1,100	1,291
560-561	19. Hernia of abdominal cav- ity .....	54	65	1,035	1,056
573.0	20. Constipation .....	1,385	1,476	4,112	4,125
536-539 } 570-572 } 573.1-587 }	21. Other diseases of the diges- tive system .....	487	480	4,389	7,075
590-614 } 616 }	22. Diseases of the urinary system and male genital organs .....	519	493	16,004	14,371
615, } N997 } (part) }	23. Circumcision .....	145	118	839	591
620-637	24. Diseases of the breast and female genital organs .....	1,399	1,350	12,706	12,884
640-652 } 680-689† }	25. Complications of preg- nancy and the puer- perium .....	471	429	4,442	3,389
690-698	26. Infections of the skin and subcutaneous tissue .....	1,972	1,951	17,136	17,189
700-716	27. Other diseases of the skin and subcutaneous tissue	210	214	5,242	5,623
720-738	28. Arthritis, rheumatism and other diseases of the bones and joints .....	807	912	43,580	46,942
1800-N996	29. Injuries .....	1,673	1,587	19,596	18,050
	30. Post operative cases (not classified elsewhere)‡.....	342	310	6,982	6,696
	31. Preparation for diagnostic investigation .....	1,124	1,300	1,585	1,798
Remainder	32. Other defined and ill- defined diseases .....	1,199	1,116	13,282	13,963
	33. Diseases not specified .....	98	52	1,191	368
	All diseases .....	29,200	29,904	661,503	692,202

\*Including ulcerated legs, whether stated to be varicose or not.

†Including breast abscesses in women between 15 and 45 unless known to be non-maternal.

‡Treatment following colostomy or mastectomy has been classified as "Malignant and lymphatic neoplasms" and following other specified operations to the site of the operation.



More cases received injections and blanket baths in 1955 than in 1954, and the number of visits for undertaking these treatments increased considerably; there was also an increase in the number of cases receiving enemata but the number of visits for this type of treatment was reduced. Rather fewer cases received dressings and general care, but the number of visits to give general care was about the same as in 1954. There was a considerable increase in the number of visits paid to give wash-outs and douches, although the number of cases only increased very slightly.

### Types of treatment provided.

The table on page 83 relates to the type of treatment provided for the disease groups of the patients. These figures may be compared with those for 1954 given on page 70 of the report for that year. The increase in the number of cases receiving injections is associated with an increase in cases of anaemia, heart disease and diseases of the lung. The increase in cases receiving blanket baths is due to a larger percentage of cases of cerebral disease and of senility and to an increase in cases of diseases of the bones and joints. The increase in the number of enemata was shared between those given for the relief of constipation (disease group 20) and those given preparatory to radiography (disease group 31).

The diagram on page 121 shows how the number of visits to give the four main types of treatment has varied from 1954 to 1955 as between disease groups. In the diagram the eight disease groups with relatively small numbers of visits have been combined and when less than 1,000 visits have been paid to give any of the specified treatments, the treatment in question has been omitted. It will be noted that the number of visits to give injections has increased in almost every disease group as also has the number of visits to give blanket baths in each of the disease groups associated with this form of treatment. Visits to give general care and dressings have increased in some disease groups and decreased in others.

### Ages of patients.

The following table shows the number of patients of different ages treated in 1953, 1954 and 1955 :—

Fewer children were treated in 1954 than in 1953 and still fewer in 1955.

Age	Males			Females			Total		
	1953	1954	1955	1953	1954	1955	1953	1954	1955
0-4 .....	1,167	880	790	914	645	623	2,081	1,525	1,413
5-14 .....	1,321	966	949	1,159	861	782	2,480	1,827	1,731
15-24 .....	400	418	412	779	869	803	1,179	1,287	1,215
25-44 .....	1,446	1,308	1,304	3,170	3,124	3,081	4,616	4,432	4,385
45-64 .....	2,555	2,660	2,630	4,210	4,129	4,185	6,765	6,789	6,815
65-74 .....	2,108	2,140	2,253	3,697	3,790	3,917	5,805	5,930	6,170
75 & over	2,376	2,427	2,548	4,495	4,813	5,409	6,871	7,240	7,953
Not stated	127	58	82	215	112	136	342	170	218
All Ages .....	11,500	10,857	10,968	18,639	18,343	18,936	30,139	29,200	29,904

There has also been a reduction in cases in the 25-44 years age group, but in general, in the middle age range from 15 to 64 the number of cases has remained fairly constant. Above the age of 65, the number of cases has been increasing more rapidly for females than for males and for patients over 75 than for those under 75 years of age. These changes have meant an increase since 1953 in the average age of the patients treated of about  $4\frac{1}{2}$  years for both males and females. The average (median) age in 1955 was 60 for men and nearly 65 for women.

#### Analysis of cases by age, sex and disease group.

In the table on page 82 the cases treated in 1955 are analysed by age, sex and disease group. Comparison with the figures for 1954 shows that (i) for tuberculosis, the number of male cases has declined still further but more women between 15 and 44 were treated in 1955 than in 1954 ; (ii) the decline in infective and parasitic diseases has been entirely among children and adults under 45 years of age ; (iii) the number of cancer cases has increased for males and decreased for females ; (iv) the number of diabetics treated has decreased under the age of 45 and increased over that age ; (v) the whole of the increase in anæmia cases was due to an increase in female cases, this being especially marked over the age of 75 ; (vi) the number of gynæcological cases decreased under the age of 65 and increased over the age of 75 and (vii) other increases and decreases operated fairly equally as between each sex and age group.

#### Duration of Treatment.

In the table on page 80 the cases treated in 1955 are shown according to the year during which they came under treatment.

For eight disease groups, over 95 per cent. of the cases treated were new cases in 1955 but in four groups (diabetes, anæmias, diseases of the breast and female genital organs and diseases of the bones and joints) under 65 per cent. of the cases treated arose in 1955 and over 20 per cent. had been attended since 1953 or earlier. In another four groups (diseases of the central nervous system, senility, diseases of the heart and arteries and diseases of the veins) the percentage of cases commencing in 1953 was considerably lower but the percentage of cases commencing in 1954 was on a par with those in the previous group.

#### Seasonal variation of new cases.

The average daily number of new cases in each month of 1955 was as follows :—

Jan.	Feb.	Mar.	April	May	June
87.0	80.4	83.5	71.5	64.3	64.0
July	Aug.	Sep.	Oct.	Nov.	Dec.
58.7	58.6	58.7	61.3	70.0	71.6



Disease Group	Cases with first visit in			Percentage with first visit in		
	1953 or before	1954	1955	1953 or before	1954	1955
1. Tuberculosis .....	13	107	511	2.1	17.0	81.0
2, 3. Other infective and parasitic diseases	4	6	356	1.1	1.6	97.3
4. Malignant and lymph- atic neoplasms .....	30	145	1,306	2.0	9.8	88.2
7. Diabetes mellitus .....	226	173	657	21.4	16.4	62.2
8. Anaemias .....	205	119	376	29.3	17.0	53.7
9. Diseases of the central nervous system .....	155	266	1,340	8.8	15.1	76.1
10. Senility .....	172	266	970	12.2	18.9	68.9
11. Diseases of the eye and ear .....	13	34	1,015	1.2	3.2	95.6
12. Diseases of the heart and arteries .....	333	671	2,831	8.7	17.5	73.8
13. Diseases of the veins	77	109	633	9.4	13.3	77.3
14. Upper respiratory dis- eases .....	1	21	1,119	0.1	1.8	98.1
15. Diseases of the lungs	18	115	3,011	0.6	3.7	95.8
16-21. Diseases of the dig- estive system .....	26	49	2,255	1.1	2.1	96.8
22. Diseases of the urinary system and male genital organs .....	30	44	419	6.1	8.9	85.0
24. Diseases of the breast and female genital organs .....	385	179	786	28.5	13.3	58.2
25. Complications of preg- nancy and the puer- perium .....	—	13	416	—	3.0	97.0
26. Infections of the skin, etc. ....	4	47	1,900	0.2	2.4	97.4
28. Diseases of the bones and joints .....	199	162	551	21.8	17.8	60.4
29. Injuries .....	20	58	1,509	1.3	3.7	95.1
5, 6, 23, 27, 30-33. Other and unspecified diseases	60	128	3,260	1.7	3.7	94.5
All diseases	1,971	2,712	25,221	6.6	9.1	84.3



These figures indicate a pronounced seasonal variation in the number of new cases. As might be expected, a considerable proportion of this variation is due to respiratory diseases and the diagram on page 119 shows the monthly variation in new cases for the two respiratory disease groups and three other groups. In addition to the two respiratory disease groups, diseases of the eye and ear had a well defined winter maximum and summer minimum. The seasonal variation was greater for diseases of the lung, incidence in the winter being about five times that in the summer, and greater for diseases of the eye and ear than for diseases of the upper respiratory tract.

There was a very different pattern for diseases of the heart and arteries with a small decline throughout the year until October. As there were only 657 new diabetics, the figures inevitably show some fluctuations from month to month but there is a clear indication that more cases came under treatment in the summer than in winter, the average daily number of cases in the period May to September being  $2\frac{1}{4}$  compared with  $1\frac{1}{2}$  for the remaining seven months of the year.

### TRAINING HOMES.

The number of student district nurses who completed a course of Queen's district training during the year under the Essex County Training Scheme was 43, a decrease of seven in comparison with the 1954 figures. Of these nurses three were independent candidates whilst six were trained for other Counties.

### TRAINING OF PUPIL MIDWIVES.

Of the 99 pupil midwives who received their Part II midwifery training during the year, 22 were trained in Colchester, 13 in Dagenham, 29 in Walthamstow and 35 in Leytonstone.

### REGISTRATION AND INSPECTION OF NURSING HOMES.

At the end of 1955 there were 40 Nursing Homes registered by the County Council under Part VI of the Public Health Act, 1936. Three homes providing a total of 15 beds were closed during the year and two new homes providing a total of 15 beds were opened. All the homes were inspected regularly throughout the year.

### AGENCIES FOR THE SUPPLY OF NURSES.

The two agencies for the supply of nurses in the area of the County for which the County Council is responsible continued to function during the year. They are inspected annually.

CASES TREATED CLASSIFIED BY AGE, SEX AND DISEASE GROUP

Disease Group	MALES										FEMALES										Grand Total
	0-4	5-14	15-24	25-44	45-64	65-74	75+	N.S.	Total	0-4	5-14	15-24	25-44	45-64	65-74	75÷	N.S.	Total			
1. Tuberculosis	1	7	21	144	136	32	2	4	347	—	2	47	163	48	9	8	7	284	631		
2, 3. Other infective and parasitic diseases	28	37	6	13	23	21	8	—	136	28	39	20	44	47	29	23	—	230	366		
4. Malignant and lymphatic neoplasms	1	3	2	19	197	183	133	2	540	2	3	1	93	341	233	262	6	941	1,481		
7. Diabetes mellitus	—	6	3	9	31	60	63	—	172	—	5	5	26	214	376	252	6	884	1,056		
8. Anaemia	—	—	3	6	29	38	40	1	117	—	—	2	78	128	173	200	2	583	700		
9. Diseases of the central nervous system	—	2	3	22	138	224	247	2	640	2	3	6	50	258	323	469	10	1,121	1,761		
10. Senility	—	—	—	—	4	40	351	6	401	—	—	—	—	11	89	904	3	1,007	1,408		
11. Diseases of the eye and ear	121	222	22	44	33	16	20	3	481	123	182	29	97	62	41	41	6	580	1,062		
12. Diseases of the heart and arteries	2	4	4	27	335	560	623	14	1,569	1	3	5	98	475	746	924	14	2,266	3,835		
13. Diseases of the veins	—	3	—	20	54	50	62	3	192	—	1	3	47	161	190	215	10	627	819		
14. Upper respiratory diseases	36	108	75	150	53	19	11	3	455	30	101	108	295	99	22	28	3	686	1,141		
15. Diseases of the lung	97	81	43	164	545	322	329	7	1,588	61	74	59	273	374	277	432	6	1,556	3,144		
16-21. Diseases of the digestive system	75	75	27	103	234	198	201	6	919	80	83	100	234	332	221	355	6	1,411	2,330		
22. Diseases of the urinary system and male genital organs	7	5	6	15	57	84	132	—	306	2	9	19	68	47	21	20	1	187	493		
24. Diseases of the breast and female organs	—	—	—	—	—	—	—	—	—	10	7	56	287	283	339	355	13	1,350	1,350		
25. Complications of pregnancy and the puerperium	—	—	—	—	—	—	—	—	—	—	—	104	316	4	—	—	5	429	429		
26. Infections of the skin, etc.	55	141	89	267	215	68	49	10	894	59	86	94	321	253	112	119	13	1,057	1,951		
28. Diseases of the bones and joints	3	7	5	15	44	39	32	—	145	2	3	9	61	179	220	287	6	767	912		
29. Injuries	116	167	61	98	89	51	57	6	645	97	120	55	118	188	141	217	6	942	1,587		
5, 6, 23, 27, 30-33. Other and unspecified diseases	246	81	42	188	413	248	188	15	1,421	126	61	81	412	681	355	298	13	2,028	3,448		
All diseases	790	949	412	1,304	2,630	2,253	2,548	82	10,968	623	782	803	3,081	4,185	3,917	5,409	136	18,936	29,904		

CASES ATTENDED CLASSIFIED BY DISEASE GROUP AND TREATMENT GIVEN

Disease Group	Injections (1, 3, 4 & 5)	Dressings (6, 7 & 8)	Injections and dressings (2)	Change of pessary (9)	Wash-outs, douches, etc. (10)	Blanket Baths (11, 12)	Emmata (13, 14)	General care (15)	Other treatment (16)	Observation and instruction (17)	Not stated (18)	All treatments
1. Tuberculosis .....	537	36	5	—	2	10	4	31	6	—	—	631
2. 3. Other infective and parasitic diseases .....	194	30	4	—	12	4	32	26	41	23	—	366
4. Malignant and lymphatic neoplasms .....	154	314	3	4	92	43	76	755	18	21	1	1,481
7. Diabetes mellitus .....	912	13	20	1	1	4	—	19	12	73	1	1,056
8. Anaemias .....	668	—	—	—	1	4	—	19	2	6	—	700
9. Diseases of the central nervous system .....	119	11	1	—	14	304	19	1,261	22	8	2	1,761
10. Senility .....	29	4	—	—	—	426	17	859	47	26	—	1,408
11. Diseases of the eye and ear .....	831	22	4	—	—	13	—	9	164	19	—	1,062
12. Diseases of the heart and arteries .....	2,703	41	14	—	3	156	25	836	37	17	3	3,835
13. Diseases of the veins .....	141	490	25	—	4	2	10	45	94	8	—	819
14. Upper respiratory diseases .....	988	6	1	1	10	4	1	84	24	22	—	1,141
15. Diseases of the lung .....	2,448	19	2	1	—	40	12	568	35	18	1	3,144
16-21. Diseases of the digestive system .....	189	260	3	1	110	10	1,589	78	43	47	—	2,330
22. Disease of the urinary system and male genital organs .....	100	152	2	—	174	5	4	44	5	7	—	493
24. Diseases of the breast and female genital organs .....	187	41	8	842	155	2	1	41	38	35	—	1,350
25. Complications of pregnancy and the puerperium .....	179	49	13	1	16	1	5	103	32	26	4	429
26. Infections of the skin, etc. ....	1,243	460	137	—	2	—	1	14	84	10	—	1,951
28. Diseases of the bones and joints .....	182	25	2	—	2	256	8	373	45	17	2	912
29. Injuries .....	120	909	41	—	17	59	1	217	167	53	3	1,587
5, 6, 23, 27, 30-33. Other and unspecified diseases .....	594	566	14	—	552	59	929	346	206	180	8	3,448
All diseases .....	12,518	3,448	299	851	1,167	1,402	2,734	5,728	1,116	616	25	29,904



# SECTION V — PREVENTIVE MEDICINE, CARE AND AFTER-CARE. TUBERCULOSIS.

## Domiciliary Visits.

In connection with their responsibility for prevention, care and after-care under the National Health Service Act, 1946, the County Council employ full-time Tuberculosis Visitors in built-up areas and Health Visitors undertaking combined duties in rural areas. They are primarily responsible for visiting the homes of patients to give advice and guidance and also to ensure that contacts in the household attend the chest clinic for examination at whatever intervals are recommended by the Chest Physician. All Tuberculosis Visitors and most Health Visitors also attend clinical sessions at the chest clinic, thus maintaining close co-operation with Chest Physicians. Those who do not attend clinical sessions nevertheless visit the chest clinic at regular intervals in order to discuss their patients with the Chest Physician.

## Summary of Work carried out by Health Visitors/ Tuberculosis Visitors during 1955

Health Area	No. tuberculous households at 31.12.55	Visits to Households		Chest Clinic Sessions attended	
		Tuberculosis Visitors	Health Visitors	Tuberculosis Visitors	Health Visitors
North-East Essex .....	793	47	941	470	79
Mid-Essex .....	1,109	—	3,208	—	522
South-East Essex .....	662	—	1,598	—	205
South Essex .....	2,024	7,130	1,148	676	123
Forest .....	1,105	2,595	1,206	302	246
Romford .....	1,197	2,094	—	432	—
Barking .....	652	2,458	—	314	—
Dagenham ....	751	3,482	54	362	—
Ilford .....	1,366	4,531	32	565	—
Leyton .....	786	2,406	312	306	64
Walthamstow .....	900	754	3	760	—
TOTAL .....	11,345	25,497	8,502	4,187	1,239

The total number of patients on chest clinic registers at the end of the year was 12,616 (compared with 12,336 at the end of 1954).

### Follow-up of Contacts.

One of the most important functions of tuberculosis visitors or health visitors is to ensure that all contacts of tuberculosis attend the chest clinic as often as is required by the Chest Physician. To further this aim a contacts register is kept by each Area Medical Officer. The number of contacts examined for the first time during 1955 was 4,269 (new notifications of respiratory tuberculosis during the same period were 834), while those receiving re-examinations numbered 12,703.

Facilities are available, where exposure to risk of infection is exceptional, for boarding out child tuberculosis contacts with foster parents. The demand has, however, fallen considerably over the last few years. At the end of the year only two children were boarded-out under these arrangements.

### Open-Air Shelters.

The demand for sectional open-air shelters, which are loaned to tuberculous patients where it is essential that they should be segregated from the rest of the family or where they are recommended to sleep in the open-air as much as possible, has continued to diminish. At the end of 1955, 24 were in use, compared with 30 at the end of 1954.

### B.C.G. Vaccination.

When child contacts of a case of tuberculosis attend a chest clinic for examination, a tuberculin test is carried out and negative reactors to this test (i.e. those at risk) are given B.C.G. vaccination. This scheme was introduced in 1951 and the annual number of contacts thus vaccinated has steadily increased from 601 in the first year to 1,866 in 1955.

The scheme for offering B.C.G. vaccination to school children during the twelve months preceding their fourteenth birthday was commenced only during the latter half of 1954, the following figures therefore represent the result of the first full year's work :—

No. of children to whom B.C.G. was offered	14,882
No. of children undergoing tuberculin test :	
Positive result       .....       .....	1,585
Negative result       .....       .....	6,284
	—————
	7,869
No. of children who were vaccinated with	
B.C.G.       .....       .....       .....       .....       .....	6,143

### Tuberculosis Care Associations.

The County is now covered by 17 Tuberculosis Care Associations. In April, 1955, the Dunmow Tuberculosis Care Association was formed, having previously been a Sub-Committee of the Saffron Walden Tuberculosis Care



Association. The total income of all the Care Associations in the County during the year was approximately £14,700 and nearly half this amount was contributed by the County Council, the remainder being raised by local voluntary effort.

The County Council's contribution comprised a grant calculated on the basis of £2 per thousand of the population covered by the Association with up to £20 for petty disbursements, and in addition a proportion (calculated on the same basis) of an allocation of £2,900 made by the Licensing of Places of Public Entertainment Committee from the Sunday Cinema Fund.

Statements of income and expenditure for the twelve months ended 30th November, 1955, reveal the total expenditure of all care associations to be £13,888 allocated as follows :—

Milk and groceries—£8,411 (to supplement the grant of milk made directly by the County Council) ; Fuel—£295 ; Fares of relatives visiting patients in hospital, etc.—£780 ; Clothing, furniture, etc.—£1,083 ; Holidays, outings, etc.—£494 ; Diversional therapy—£54 ; Miscellaneous grants (Christmas gifts, hire purchase payments, radio licences, etc.)—£1,299 ; Printing, postage and expenses for special fund-raising efforts—£1,472.

### Occupational Therapy.

Two full-time domiciliary occupational therapists are employed by the County Council, one covering the Ilford/Romford Health Areas and the other the Barking/Dagenham Health Areas. During the year 45 new patients were visited in those Areas and at the end of the year 41 patients were availing themselves of the facilities provided.

In the remainder of the County tuberculous patients are visited by handicraft teachers attached to the Diversional Occupation Department of the British Red Cross Society. For the year ended 31st March, 1956, a grant of not exceeding £200, was made to the British Red Cross Society, on the basis of an initial payment of 10/- for each patient with an additional payment of 10/- a visit, for providing these occupational therapy facilities. At the end of the year the number of patients participating in these arrangements was 41.

In Leyton an occupational therapy centre is open on two days a week ; 12 tuberculous patients from Leyton and Walthamstow were attending this centre at the end of the year.

### Extra Nourishment.

The County Council make direct provision of one pint of milk a day free of charge to tuberculous patients upon the recommendation of a Chest Physician. The total number of patients supplied with milk during the year was 1,769 as compared with 1,679 in 1954.



## **Rehabilitation.**

On the recommendation of Chest Physicians suitable Essex patients are sent for rehabilitation to either the Papworth Village Settlement, Cambridge, or the British Legion Settlement, Preston Hall, Maidstone, Kent. At these Settlements the patients are taught suitable trades at a pace in keeping with their state of health and ultimately, on completion of their cure, become established in those trades. By arrangement with the Settlements, payment is made by the County Council towards the maintenance of the patients only when they are able to work at least five or six hours daily. The period of rehabilitation may be prolonged and the cost of maintenance, which begins at approximately £5 a week, would therefore be appreciable if large numbers participated in the Scheme. In most cases the Ministry of Labour and National Service allow training grants during the period of rehabilitation which reduces the charge to the County Council by approximately 35/- a week.

During the year financial responsibility was accepted for eight new cases but at the end of the year the total number of patients wholly or partly maintained at both Settlements was the same as the previous year, namely 14.

## **Mass Miniature Radiography.**

The Administrative County (in addition to the areas of some neighbouring Local Health Authorities) is served by four mobile mass radiography units. Three of these, provided by the North-East Metropolitan Regional Hospital Board, are based respectively on Connaught Hospital, Walthamstow, E.17, St. Mary's Hospital, Plaistow, E.13, and the Broomfield Hospital, near Chelmsford. The fourth unit, based at 117 Chesterton Road, Cambridge, is provided by the East Anglian Regional Hospital Board. During the past two years one or other of these units has visited most centres of population in either Essex or in those parts of neighbouring Counties or County Boroughs at which Essex residents have been able to attend.

Figures for 1955 are not yet available but during 1954 visits were made to some 82 different sites in the Administrative County and 89,510 persons (49,020 males and 40,490 females) were x-rayed. The proportion of persons examined who were found to be suffering from active pulmonary tuberculosis varied according to the groups examined, the average for all groups being about 1.4 in a thousand.

## **Books for Tuberculous Patients.**

For those tuberculous patients who are at home, arrangements exist for books to be borrowed from the Hospital Library Service set up by the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem. The County Council make a grant to the Joint Committee in respect of each patient to whom books are lent. Up to 31st March, 1955, the grant per patient was 3/6d. but owing to the increasing expenses of the Joint Committee this amount was increased to 5/- as from 1st April, 1955. During the year about 2,500 books were lent to 78 patients under this scheme.

## Notifications.

One of the most serious problems in dealing with the prevention of tuberculosis is the undiagnosed case which is not discovered until after death. Such cases come to the notice of the Medical Officer of Health either through posthumous notifications, through death returns forwarded by the Local Registrar, or, when the deceased, although normally resident in the County, actually died outside Essex, by the Registrar General. The danger of these potential sources of infection to contacts can be appreciated. Details of these cases are shown in the table below.

The number of primary notifications of persons suffering from tuberculosis during the year was 972 compared with 1,175 in 1954 ; 1,374 in 1953 and 1,501 in 1952. Fuller details of the 1955 notifications are given in the following table :—

### Formal notifications

Age Period		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	All Ages
Respiratory	Males	1	—	10	14	10	40	44	100	80	68	83	36	4	490
	Females	3	—	12	18	15	41	66	97	43	28	10	7	4	344
Non-Respiratory	Males	1	3	2	7	7	4	7	6	9	6	2	2	1	57
	Females	3	2	1	11	1	12	11	15	9	5	4	4	3	81

### Otherwise than by formal notification

Death Returns from Local Registrar.	Respiratory .....	Male .....	30
		Female .....	16
	Non-Respiratory .....	Male .....	4
		Female .....	1
Death Returns from Registrar General (Transferable Deaths).	Respiratory .....	Male .....	24
		Female .....	8
	Non-Respiratory .....	Male .....	4
		Female .....	2
Posthumous Notifications.	Respiratory .....	Male .....	4
		Female .....	3
	Non-Respiratory .....	Male .....	1
		Female .....	1

## Attack and Death Rates

The following table shows the number of primary notifications of tuberculosis and the number of deaths attributed to the disease, together with the annual attack and death rates in quinquennia since 1920 and for individual years since 1951 :—

	Respiratory Tuberculosis				Non-Respiratory Tuberculosis				Tuberculosis (all forms)			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1920-24	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	6,226	1.36	4,001	0.87
1925-29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930-34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935-39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940-44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945-49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1950-54	6,293	0.77	1,448	0.18	879	0.11	174	0.02	7,172	0.88	1,622	0.20
1951	1,353	0.85	336	0.21	183	0.11	57	0.04	1,536	0.96	393	0.25
1952	1,335	0.82	250	0.15	166	0.10	30	0.02	1,501	0.93	280	0.17
1953	1,187	0.72	266	0.16	187	0.11	26	0.02	1,374	0.84	292	0.18
1954	1,039	0.62	180	0.11	136	0.08	20	0.01	1,175	0.70	200	0.12
1955	834	0.49	140	0.08	138	0.08	29	0.02	972	0.57	169	0.10

\* Annual rate per 1,000 population.

There has been a remarkable change in the general situation with regard to respiratory tuberculosis in the last few years. The attack rate has declined by over 40% in the last three years and the death rate by nearly 60% in the last four years.

The following table gives the number of deaths and the death rate from tuberculosis in 1955 for each Health Area and the number of deaths and the average annual death rate in the period 1950-54 for comparison :—



Health Area	Number of Deaths		Average annual death rate per 1,000 population	
	1950-54	1955	1950-54	1955
North-East Essex .....	179	25	0.19	0.13
Mid-Essex .....	146	15	0.14	0.07
South-East Essex .....	121	12	0.23	0.10
South Essex .....	215	25	0.19	0.10
Forest .....	170	18	0.17	0.08
Romford .....	115	8	0.24	0.07
Barking .....	103	9	0.27	0.12
Dagenham .....	146	8	0.26	0.07
Ilford .....	163	20	0.18	0.11
Leyton .....	139	12	0.27	0.12
Walthamstow .....	125	17	0.21	0.14
Administrative County .....	1,622	169	0.20	0.10

The quinquennial rates show the differences in mortality between the Health Areas ; the rates for 1955 also show variations but the number of deaths in an Area in a year is now so small that the variations could easily be ascribed to chance fluctuations. Comparison of the 1955 rates with those for 1950-54 shows substantial reductions in all areas, the average reduction being 50%.

## OTHER ILLNESSES.

### Recuperative Convalescence.

On a doctor's recommendation a recuperative holiday, normally of two or three weeks' duration, is arranged by the County Council provided the patient does not require any medical or nursing attention. Most cases are sent to the Essex Convalescent Home, Clacton-on-Sea (administered by a Voluntary Committee), but admission to other homes is arranged when there are special medical reasons. A standard charge of £3 3s. 0d. a week is made to the patient, subject to abatement in accordance with the County Council's scales of assessment.

The total number of patients for whom convalescence was provided was 611, compared with 617 during the previous year, and in all some 60 different convalescent homes were used.

### Loan of Sickroom Equipment.

Under the Council's scheme for loan of sickroom equipment a wide variety of articles is available on free loan to patients who are being nursed at home. Small articles such as bedpans, back-rests, urinals, and air-rings, are stored at the homes of many of the Home Nurses throughout the County. Wheel-chairs, mattresses, commodes and special items such as cardiac beds, are kept either at a central store or at stores under the control of Area Medical Officers. During the year 1,979 articles were loaned by Home Nurses and those provided from other stores numbered 3,412.

Independent depots are run by the British Red Cross Society and the St. John Ambulance Brigade, both of whom co-operate informally with the County Council.

### Epileptics and Spastics.

Welfare facilities are provided by the Welfare Committee under Part III of the National Assistance Act, 1948, for physically handicapped persons including persons suffering from epilepsy and cerebral palsy. These services, which are still being developed, are largely carried out through the agency of voluntary bodies and are co-ordinated with services provided by the County Council as Local Health Authority, such as the provision of domestic help and convalescence and the loan of sickroom equipment.

The register of handicapped persons which has been compiled by the Essex Association for the Welfare of the Physically Handicapped now contains particulars of 1,822 patients living at home, of whom 78 are epileptics and 78 are spastics. In addition, the Welfare Committee maintain 76 adult epileptics in residential accommodation.

## INFECTIOUS DISEASES

Corrected notifications of infectious diseases during 1955 numbered 35,466 compared with 16,322 in 1954 and 36,287 in 1953.

Measles accounted for 27,777 or over three-quarters of the notifications in 1955. This is the highest number of cases of measles ever notified in Essex in a calendar year since compulsory notification was instituted. The calendar year is not, however, the best period for comparing the incidence of this disease. If the twelve-monthly period 1st October—30th September is taken instead, the result is as follows :—

1st October, 1949, to 30th September, 1950	.....	6,500
1st October, 1950, to 30th September, 1951	.....	30,902
1st October, 1951, to 30th September, 1952	.....	6,312
1st October, 1952, to 30th September, 1953	.....	33,800
1st October, 1953, to 30th September, 1954	.....	2,473
1st October, 1954, to 30th September, 1955	.....	30,877



This shows the pronounced biennial periodicity of this disease and also the fact that the last three epidemics have affected similar numbers of children. In the report for 1953, it was noted that few cases had been notified in a number of the smaller urban districts. This was again the case in 1955. It appears that while large urban areas normally display a two year periodicity, in smaller urban areas longer periods are not unusual. The disease was, as usual, mild and there were only six deaths registered as due to measles.

The incidence of *scarlet fever* was below average in 1955, 1,238 cases being notified compared with 2,202 in 1954, 2,863 in 1953, 3,998 in 1952 and an average of 2,181 for the years 1947-51. The diagram on page 120 shows the number of cases notified each year since 1945.

The diagram also shows the number of cases of *whooping cough* notified. Incidence of this disease in 1955 was at a low level following 1954 which was a year when fewer cases than usual were notified. It is interesting to speculate whether the low incidence in 1954 and 1955 is in any way connected with the provision by the County Council of immunisation against whooping cough. This is quite possible but the diagram shows that the incidence in 1954 and 1955 was almost exactly the same as in 1945 and 1946.

Twelve cases of *diphtheria* were notified in 1955, compared with three cases in each of the last three years. Nine of the cases occurred in a London County Council Residential Home in the Epping and Ongar Rural District. There were no deaths from the disease.

The number of notified cases of *acute pneumonia* was 1,045 in 1955 compared with 1,011, 1559 and 1,161 in the previous three years.

The number of notified cases of *acute poliomyelitis* was the highest recorded in the County. The figures for the past nine years are as follows :—

Year	Paralytic Cases	Non-paralytic Cases	Total Cases	Percent. notified as paralytic
1947 .....	—	—	221	—
1948 .....	—	—	58	—
1949 .....	—	—	346	—
1950 .....	163	81	244	67
1951 .....	31	29	60	52
1952 .....	132	45	177	75
1953 .....	128	89	217	59
1954 .....	43	47	90	48
1955 .....	251	200	451	56



The figures for 1947, 1948 and 1949 refer to notifications of 'acute anterior poliomyelitis' and 'acute polioencephalitis.' As cases were not notified as paralytic or non-paralytic no figures of the proportion which were paralytic are available but from information provided for the survey of cases in Essex carried out by Dr. A. M. McFarlan, it was estimated that 78 per cent. of cases in 1949 were paralytic. If this is a true estimate, the number of paralytic cases in 1955 did not quite reach the number in 1949 but the number of non-paralytic cases was more than twice any former year. There seems to be no simple explanation of the figures in the last column of the table. It is particularly surprising that the percentage of paralytic cases should be so low in the non-epidemic years of 1951 and 1954.

The first intimation of any unusual incidence of the disease came in the week ended 23rd July when 14 cases were notified from widely scattered parts of the County. This was followed by a rapid rise in the number of weekly cases to over 40 in the first two weeks of August and a fall to 28 and 34 cases in the two following weeks; thereafter there was a very slow decline in the number of cases notified and it was not until November that weekly notifications fell below 17. The peak week (the second in August) was somewhat earlier than in most recent years and five weeks earlier than in the country as a whole.

The age distribution of the 451 cases was as follows :—

		0·	1·	3·	5·	10·	15·	25·	Total
MALES	Paralytic .....	5 } 5	17 } 22	16 } 28	43 } 100	23 } 44	12 } 22	23 } 36	139 } 257
	Non-paralytic	— }	5 }	12 }	57 }	21 }	10 }	13 }	118 }
FEMALES	Paralytic .....	11 } 11	15 } 19	15 } 24	18 } 42	13 } 27	13 } 31	27 } 40	112 } 194
	Non-paralytic	— }	4 }	9 }	24 }	14 }	18 }	13 }	82 }
TOTAL	Paralytic .....	16 } 16	32 } 41	31 } 52	61 } 142	36 } 71	25 } 53	50 } 76	251 } 451
	Non-paralytic	— }	9 }	21 }	81 }	35 }	28 }	26 }	200 }

There were 257 male cases compared with 194 female cases, male cases being more numerous in each age group between 1 and 15. The male preponderance was especially marked in children between 5 and 10.

The percentage of cases notified as paralytic was high at each end of the age scale and declined to a low point (43 per cent.) in the age group 5·10. In each age group, the percentage notified as paralytic was similar for each sex but owing to the preponderance of male cases in the middle of the age range, the overall percentage of paralytic cases was 54 for males and 58 for females.

The numbers of deaths from acute poliomyelitis were as follows :—

	0-	1-	5-	15-	25-	Total
MALES	—	1	6	1	6	14
FEMALES	1	—	2	—	3	6
TOTAL	1	1	8	1	9	20

The average case fatality rate was 4.4%, but for adults over 25 it was 11.8% compared with 2.9% for children and young persons.

Following the above-average incidence of *dysentery* in 1954, incidence in 1955 was low, 251 cases being notified compared with 874 in 1954, 486 in 1953 and 358 in 1952.

The number of cases of *food poisoning* notified in each of the last seven years were as follows:—

1949	1950	1951	1952	1953	1954	1955
357	296	240	371	365	292	466

It will be seen that the incidence of cases was higher than usual in 1955. Outbreaks of food poisoning occur more often during warm weather and the increase in cases may be associated with the fine summer of 1955.

Notifications of these and other infectious diseases in the Administrative County, County Districts, Health Areas and for the aggregate of urban and rural areas are shown in the table on page 126. For comments on the incidence of *tuberculosis* reference should be made to page 88.

### PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952

Under the Public Health (Aircraft) Regulations, 1952, the County Council are responsible for certain health control measures at the Stansted Airport, in the Saffron Walden Rural District. Arrangements exist for an Assistant County Medical Officer to be on call (another medical officer acting as holiday or sickness relief) to carry out routine health control. During the year it was necessary for visits to be made to the Airport on two occasions.

### VACCINATION

The following table shows the number of vaccinations and re-vaccinations carried out during 1955:—

Age at date of vaccination	Under 1	1	2-4	5-14	15 and over	Total
Number vaccinated .....	9,363	699	589	752	1,213	12,616
Number re-vaccinated .....	3	8	118	467	3,163	3,759



The 12,616 vaccinations in 1955 compare with 12,199 in 1954, 10,933 in 1953 and 10,949 in 1952 and the 3,759 re-vaccinations with 3,731, 3,529 and 3,656 in the same years. There has been over the past three years a slow but steady rise in the numbers of both vaccinations and re-vaccinations. Most of the increase from 1954 to 1955 was for children under one year of age and the infant acceptance rate (obtained by expressing these vaccinations as a percentage of the number of registered births in the calendar year) rose from 36.6 in 1954 to 38.5 in 1955. The comparable figure for the period 1950-53 was 32.0 per cent.

The following table shows the number of vaccinations and re-vaccinations carried out in the Health Areas, the infant acceptance rate for 1955 and for 1951-1954 and the number of persons per 1,000 of the population who were re-vaccinated.

Health Area	Number vaccinated	Number re-vaccinated	Infant Acceptance Rate		Re-vaccinations per 1,000 population
			1951-54	1955	
North-East Essex .....	1,389	384	36.8	44.4	2.0
Mid-Essex .....	1,864	643	42.8	46.2	3.0
South-East Essex .....	1,000	160	29.5	38.6	1.3
South Essex .....	2,168	689	40.1	37.7	2.8
Forest .....	2,043	417	39.0	46.9	1.9
Romford .....	827	364	25.0	25.3	3.4
Barking .....	275	132	19.3	17.6	1.7
Dagenham .....	669	132	16.5	28.6	1.1
Ilford .....	1,376	398	41.2	41.4	2.2
Leyton .....	456	247	26.4	28.0	2.4
Walthamstow .....	549	193	33.1	33.6	1.6
Administrative County	12,616	3,759	34.3	38.5	2.2

Acceptance rates were considerably above the average rates for the preceding four years in five Health Areas (North-East Essex, Mid-Essex, South-East Essex, Forest and Dagenham) and were relatively unaltered in the remaining six. In 1955, acceptance rates were relatively high in the rural and semi-rural areas and also in Ilford and very low in Barking.

## IMMUNISATION

### Immunisation against Diphtheria.

In 1955, 16,713 children under 15 years of age completed a full course of immunisation against diphtheria, compared with 21,461 in 1954, 18,577 in



1953 and 20,075 in 1952. Part of this decline is no doubt due to the suspension of immunisations during the outbreak of acute poliomyelitis but even in the first six months of the year, there were substantially fewer children (except children under one year of age) immunised than in the corresponding periods of the previous year. The decrease may also be associated with poliomyelitis as, 1954 being a year of low incidence, there would be no carry-over of immunisations from 1954 to 1955 as there probably was from 1953 to 1954.

In each age group fewer children were immunised in 1955 than in 1954 but for the under-one-year group the number of immunisations compares favourably with those carried out in 1952 and 1953.

The number of children given a reinforcing injection was remarkably steady for the years 1951 to 1954, the average for these years being 17,731. In 1955 reinforcing injections fell to 14,748.

The number of children who have at any time received a course of immunisation against diphtheria is given in the following table, which also shows how many of them have not been immunised (either by a primary course or a reinforcing injection) during the last five years :—

Year of last course of injections (primary or booster)	Age at 31st December, 1955				
	Under 1	1-4	5-9	10-14	Total under 15
1951-55 .....	1,806	62,733	82,972	27,944	175,455
1950 or earlier .....	—	—	41,515	62,240	104,755
Any time .....	1,806	62,733	125,487	90,184	280,210

The percentage of children immunised was 62 per cent. in the 1-4 years age group and 80 per cent. in the 5-14 years age group, compared with 63 per cent. and 82 per cent. in 1954 and 60 per cent. and 81 per cent. in 1953. When immunisations in the last five years only are considered, this calculation gives the immunity index. The figure for the younger age group is, of course, unaltered but the figure for the older age group is reduced to 41 per cent. compared with 43 per cent. in both 1954 and 1953. Since no estimates of population are available for the five years group 5-9 as distinct from the group 10-14 no immunity index can be calculated for them but it is evident comparing the figures in the two rows of the above table that there is a much higher level of immunity in children between 5 and 10 than in children over 10. An approximate estimate would be 55 per cent.

### Immunisation against Whooping Cough.

The number of children immunised against whooping cough under arrangements made by the County Council was 9,371 compared with 15,144 in 1954 ; 3,615 of the immunisations were carried out by General Medical Practitioners and the remainder at County Council Clinics. Fewer children were immunised in each age group but the reductions were smaller for children under one than for those over one year of age.

In addition to immunisations carried out under the County Council's arrangements, General Medical Practitioners immunise children with combined diphtheria/whooping cough vaccine. The number of children immunised in this way was 4,799 compared with 4,866 in 1954. The number of reinforcing injections was 460 under the County Council's arrangements and 817 using combined vaccines.

### ESSEX EPIDEMIOLOGICAL COMMITTEE

The occasion did not arise during the year to hold a meeting of the Essex Epidemiological Committee.

### VENEREAL DISEASE

Returns from Special Clinics show that during 1955 there were 74 new cases of syphilis and 190 new cases of gonorrhœa diagnosed in Essex patients. Comparable figures for the last five years are as follows :—

	1951	1952	1953	1954	1955
Syphilis .....	156	116	137	94	74
Gonorrhœa .....	242	233	280	213	190

Apart from a rise in 1953 the number of new cases of syphilis has fallen steadily each year. New cases of gonorrhœa have only shown a marked fall in the last two years.

The following table analyses the cases according to the clinics at which the diagnoses were made :—

Place of Diagnosis	Syphilis	Gonorrhœa	Other Conditions
Essex .....	43	66	835
London .....	27	99	872
Elsewhere .....	4	25	373



The follow-up of persons who are being treated for venereal disease and of those thought to be a source of infection is undertaken in some parts of the County by a social worker in the service of the North-East Metropolitan Regional Hospital Board and in other areas by senior members of the professional staff of the Department. Towards the end of the year these arrangements were under consideration with a view to the making of certain improvements.

## HEALTH EDUCATION

Because of the extension of health education activities which have been taking place in the County, a need has been felt for some time for the provision of transport and for the services of a projectionist responsible amongst other things for showing at clinics and other gatherings, some of the many films now available on health topics. Accordingly in June a driver projectionist was appointed to undertake these duties and a suitable van bought for the purpose. This has resulted in a considerable increase in the very valuable work carried out in this field.

Considerable assistance was once again given to a number of county districts in connection with the organisation of campaigns on clean food, prevention of air pollution and home safety.

### Health Education Courses.

A one-day course of lectures on "Preventive Mental Health" by Dr. John Bowlby of the Tavistock Clinic, London, was held in the Council Chamber at County Hall in December for the Council's medical and nursing staff. The course was divided into two sessions, the morning session being for medical officers, at which 25 doctors attended, and the afternoon session for some 150 members of the nursing staff.

### Lectures.

During the year 552 lectures were given by members of the County Council's medical, nursing and health education staffs. By far the greater proportion of these lectures was given to schools, Women's Institutes, Mothers' Clubs, etc.

### Displays in Clinics.

The two topics, or small displays, referred to in last year's Report, on the subject of Foot Health and Vaccination against Smallpox continued to tour clinics in the County. These displays consist of an exhibition, leaflets and the showing of a film on the specific subject. Each topic is installed at a clinic for a week at a time and the film shows are held during child welfare clinic sessions. During the year exhibits on Home Safety, Clean Food and Dental Health Education were also shown at various clinics throughout the County.



### **Mass Radiography.**

The provision of assistance for the Mass Radiography Units of the Regional Hospital Boards covering the County, in propaganda connected with the mass x-ray of the public, was continued. This usually took the form of the loan, where possible, of one of the Department's two stillographs which were set up in convenient shop windows.

### **Film Shows.**

Health Education films on a wide range of subjects were shown in connection with many of the lectures referred to above. These films are hired from the Central Film Library and other sources. Some films for which there is a constant demand, have been purchased by the Department.

### **Exhibitions.**

As in former years an exhibition relating to the various Health Services provided in the County was held at the County Agricultural Show which on this occasion took place at Halstead.

Among the features included in the exhibition was the work of the health visitor as teacher, the role of the midwife in prevention of illness, the contribution of the domestic help service, the special responsibility of the County Council in connection with refuse disposal, the work of the speech therapist and the oral hygienist, the work produced by the mental health occupation centres both junior and senior and the work of tuberculous patients in their own homes under the instruction of occupational therapists.

Other exhibitions were arranged at a number of clinics and special assistance was given in connection with exhibitions at Woodford and Walthamstow. In addition to this, the shop window at Leyton which continues to be used for health education propaganda was provided with an exhibit on several occasions during the year.

### **Film Strips.**

Several more of the Health Areas now have film strip projectors of their own and this has resulted in an increased demand on the centrally held library of film strips, which now numbers nearly 60 different strips.

### **Health Education in Pregnancy.**

Assistance was given to Health Areas mainly in the form of film and film strip shows, provision of breast feeding charts, the loan of a birth atlas, flannelgraph materials and dummy foods. These visual aids were useful not only in teaching the importance of proper nutrition but also helping those attending the increasing number of relaxation classes.

### **Diphtheria Immunisation.**

Propaganda on this subject has continued and the campaign is intensified yearly to coincide with that of the Ministry of Health. Help from the central office is available for all Health Areas requiring assistance in this work.

### Royal Society for the Prevention of Accidents.

The usual annual grant of £13 13s. 0d., was made to the Royal Society for the Prevention of Accidents during the year and use was made from time to time of new materials and posters which the Society supplied.

### Central Council for Health Education.

The County Council again made an annual grant to the Central Council for Health Education and use was made of exhibition stands and propagandist material made available by the Central Council.

### "Better Health" Magazine.

Copies of the magazine "Better Health" were again used as a medium for informing the public of some of the activities of the department by the insertion of a specially printed leaflet.

## DOMESTIC HELP SERVICE

The number of whole-time domestic helps employed in the domestic help service has once again decreased, although the number of regular part-time helps has increased over the previous year. The number of helps employed on a "casual" basis has also continued to increase.

NUMBER OF HELPS EMPLOYED 1951-55

	1951	1952	1953	1954	1955
Whole-time helps .....	106	81	66	62	45
Regular part-time helps	1,310	1,511	1,027	953	1,005
Other helps (casual)			672	962	1,087
Total .....	1,416	1,592	1,765	1,977	2,137
Total working on 31st December .....	1,176	1,300	1,476	1,615	1,798

In view of the fluctuating demands on the service it has been found more practicable to employ the "casual" type of help, particularly in the more rural areas but it has the disadvantage that during the summer months recruitment of casual labour in some of the rural areas is somewhat restricted owing to the absorption of much of it into agriculture during harvesting periods.

During 1955, the number of cases which were provided with domestic help was 11,134; this number comprised 6,635 new cases and 4,499 cases which were carried forward from the previous year. The number of new cases helped was about 10 per cent. greater than in 1954, as may be seen from the following table :—



## NEW CASES HELPED FOR DIFFERENT CATEGORIES 1952-55

Category	1952	1953	1954	1955
Maternity .....	2,088	2,057	1,929	1,981
Acute sick .....	925	930	811	879
Tuberculous .....	197	186	171	154
Chronic sick—Aged .....	1,407	1,901	2,085	2,476
Chronic sick—Others .....	495	620	585	609
Aged non-sick .....	284	280	265	280
Others .....	153	132	185	256
All cases .....	5,549	6,106	6,031	6,635

Apart from tuberculosis (the provision of help to new cases of which has declined in each of the last three years), new cases were higher in 1955 than in 1954 in every category, but half of the increase has been in chronic sick persons over the age of 65.

The total number of persons helped and the number of hours worked for cases in each category for the past four years is shown in the following tables :

## CASES HELPED AND HOURS WORKED 1951-55

	1951	1952	1953	1954	1955
Cases helped .....	7,486	7,976	9,082	9,792	11,134
Hours worked .....	1,142,456	1,245,835	1,374,259	1,530,784	1,680,357

## TOTAL CASES AND HOURS OF HELP PROVIDED CLASSIFIED BY CATEGORIES 1952-55

Category	1952		1953		1954		1955	
	No. of cases	No. hours provided	No. of cases	No. hours provided	No. of cases	No. hours provided	No. of cases	No. hours provided
Maternity .....	2,175	160,766	2,118	153,823	2,007	138,319	2,044	137,241
Acute sick .....	954	55,904	1,024	60,177	893	54,824	971	57,831
Tuberculous .....	355	95,292	336	79,537	332	81,465	317	78,478
Chronic sick—Aged .....	2,701	567,728	3,686	711,754	4,485	861,120	5,498	998,156
Chronic sick—Others .....	909	203,927	1,051	210,807	1,104	229,699	1,204	238,830
Aged non-sick .....	664	122,384	648	114,435	691	115,334	728	108,842
Others .....	218	39,834	219	43,726	280	50,023	372	60,980
All cases .....	7,976	1,245,835	9,082	1,374,259	9,792	1,530,784	11,134	1,680,357



Since 1952, the number of cases helped has increased by 40 per cent. and the number of hours worked by 35 per cent. In spite of the slight increase in the number of maternity cases and aged infirm patients not suffering from recognizable illness, the number of hours devoted to these two categories has decreased. The number of hours devoted to maternity cases has fallen from 12.9 per cent. (1952) to 8.2 per cent. (1955) of the total hours of help provided. Practically the whole of the increase both in patients helped and hours of help provided has been for chronic sick cases. Since 1952 the number of such cases over 65 years of age has more than doubled and the number of hours devoted to them has increased by 76 per cent. The increase for the younger age group has been less rapid, cases having increased by a third and hours by 17 per cent.

It will be noted that the number of patients helped has increased at a much higher rate than the number of hours devoted to them. This has been made possible by a closer scrutiny of the needs of each case by the Area Domestic Help Organisers. During the year approval was given for an increase of two in the establishment of organisers and at 31st December, 1955, one County Organiser and 17 Area Organisers were employed. During the year the number of visits paid by Area Organisers was as follows :—

First visits	.....	.....	.....	.....	8,264
Subsequent visits	.....	.....	.....	.....	15,116
Other visits	.....	.....	.....	.....	4,839

The effect of the increased control exercised by the organisers can be seen from the following table showing the average amount of help provided for cases in each category :—

AVERAGE HOURS PER CASE FOR DIFFERENT CATEGORIES, 1952-55

Category	1952	1953	1954	1955
Maternity .....	74	73	69	67
Acute sick .....	59	59	61	60
Tuberculous .....	268	237	245	248
Chronic sick—Aged	210	193	192	182
Chronic sick—Others	224	201	208	198
Aged non-sick .....	184	177	167	150
Others .....	183	200	179	164
All cases .....	156	151	156	151

The only category to show an increase from 1954 to 1955 was tuberculosis and the increase was small. For the important chronic sick group, help provided has been reduced by an average of 10 hours per case, equivalent to

a saving of 67,000 hours during the year. As few of these cases are able to pay more than a nominal charge for the service provided and may have it free, this involves a considerable financial saving to the County Council, which has been made without prejudicing the real needs of the patient.

During the year the County Domestic Help Organiser spent the equivalent of 155 working days in the eleven Health Areas and paid 661 visits to applicants for help and to beneficiaries either in the company of Area Organisers or while acting as holiday or sickness relief.

A conference of Area Domestic Help Organisers was held at County Hall in November at which a number of matters concerning the service were discussed.

### **Training Courses.**

By arrangement with the Mid-Essex Technical College, two training courses for domestic helps were held during the year. Each course lasted for two weeks and the total number of domestic helps who attended was twenty-three; all were found to be satisfactory and were issued with suitable certificates of attendance. The curriculum of these courses consists of domestic subjects and matters relating to Health and Welfare generally as follows:—

Domestic Subjects:—Family budget; Household management; Food values; Methods of cooking to preserve food values; Methods of mending; Cookery; Laundry; and demonstration of the use of domestic equipment.

General Health and Welfare:—Care of invalids; Prevention of the spread of infection; Prevention of accidents in the home; First aid in the home; Care of children; Practical work (care of infants, bed-making, etc.); Welfare services for the aged and handicapped; and the domestic help service.

Where possible use is made of suitable films and film strips.

### **Night Attendance Service.**

Through money made available by the Committee's Funds Sub-Committee which administers certain funds of a charitable nature, the Night Attendance Service has continued to function. By the end of the year there were 109 persons enrolled as Night Attendants. The number of new cases attended during the year was 154, compared with 100 for the period March, 1953, to December, 1954. In all, 2,102 nights of attendance were provided during the year.

## **PREVENTION OF BREAK-UP OF FAMILIES; HEALTH OF CHILDREN**

Following the receipt of Ministry Circular 27/54 dated 30th November, 1954, a detailed study was made of the arrangements which existed for preventing the break-up of families and the extent to which these arrangements



needed to be amplified or developed on the basis of :—

- (1) Family difficulties of a temporary character ; and
- (2) Problem families.

So far as the former category is concerned, the care of children at home during the illness (either at home or in hospital) of a parent or guardian—generally the mother—is usually within the scope of the domestic help service and every effort is made to provide help to avoid as far as possible the need for children to be admitted to a residential nursery or to be boarded-out when the mother is temporarily unable to care for them. Each case is considered on its merits and whenever practicable the problem is solved by providing domestic help to enable the family to be kept together.

In regard to the needs of problem families, both the health visiting and domestic help services have a vital contribution to make. Because her work now covers the whole field of the prevention of physical and mental ill-health the health visitor is particularly well placed to recognise early signs of failure which could result in family disruption and to play a leading role in the efforts necessary to prevent it. Home visiting alone is unlikely to achieve a lasting success in more than a minority of cases and the more practical help which can be given by a domestic help is an essential complementary service.

### **The Health Visitor.**

To take first the contribution which can be made by the Health Visitor a great deal can be done by her in moulding the outlook of the future mother in the course of teaching parentcraft to senior school girls and in talking to expectant mothers as part of her health education work. When she is faced with a family who have already become a problem, however, she can, with the help and co-operation of all available agencies (both statutory and voluntary) do whatever is possible to give assistance and guidance to the family. In this connection, case conferences, including the general medical practitioner concerned with the family and representatives of other departments of the County Council and appropriate statutory and voluntary bodies, are held at a local level from time to time.

It is recognised that the attention which must be given to problem families is very time-consuming and consideration has been given to the redeployment of the health visiting service on a more selective basis in order to increase the amount of time that can be devoted to such families. This suggestion as well as the general question of increasing the present establishments in accordance with the policy laid down in the County Council's Proposals under Section 24 of the National Health Service Act, 1946, are matters requiring careful consideration and must perhaps await the publication of the report of the working party set up by the Ministers of Health and Education to consider the proper field of work and training of health visitors and school nurses. Some action has already been taken in Essex to ensure the fullest possible use being made of health visitors' qualifications. For instance while it is beneficial



for a combined health visitor/school nurse to be in attendance at school medical inspections of infants and junior children (and for her to visit the homes of such children) arrangements exist in some Health Areas for a less highly qualified assistant to help with preliminary surveys in the school, including cleanliness inspections, and to attend inspections of senior children and specialist, minor ailment, immunisation and dental clinics thus relieving the health visitor of these purely routine duties.

### **The Domestic Help.**

Complementary to the efforts made by health visitors is the contribution made by domestic helps. Under the terms of Section 29 of the National Health Service Act, 1946, it is permissible to provide domestic help in any home where there is a child not over compulsory school age, whether there is illness in the household or not. In practice, however, domestic help has in the past usually been provided for problem families only upon medical grounds, i.e. where the mother is ill or of low intelligence or where other members of the family suffer from ill health. Within the limitations laid down by the Act itself however it has been decided that help may be extended to cover a wider field to meet the requirements of these families.

The domestic help sent into problem homes is whenever possible specially chosen for the task and although in some cases there is every reason for her becoming discouraged, the fact is that as more and more domestic helps are able to take part in the training courses that are now held they are obtaining a new outlook upon the needs of difficult families and the manner of assisting them. It has been found for example that when a domestic help is given a clearer understanding of the causes of breakdown she is often quite willing to attend the most difficult cases provided she feels that she is well supported by the Area Domestic Help Organiser. Regular visits to the home by the Organiser at short intervals are a great encouragement to her. When the circumstances justify such a course, the provision of two domestic helps to attend a particularly difficult case at the same time for a limited period sometimes proves successful as the women give moral support to each other in conditions that might otherwise be intolerable.

A special difficulty arises from the fact that in many cases the head of the household is in full employment and is accordingly called upon to contribute towards the cost of the service. This sometimes acts as a deterrent with the result that help is declined. Subject to adequate safeguards it has been agreed to reduce or waive the financial contribution in exceptional cases where it is felt that the provision of domestic help (or other appropriate services) is essential in the interests of the mother and children notwithstanding the refusal of the beneficiary to make the required payment.

### **Rehabilitation and Training.**

The idea of a centre for "family rehabilitation" pioneered by the Salvation Army in the Mayflower Home at Plymouth and by the Lancashire Community

Council in the Brentwood Home, Cheshire, led to the establishment by the Elizabeth Fry Memorial Trust of the Spofforth Hall Centre in Yorkshire and has been increasingly recognised as having useful possibilities. Not only has the Minister of Health commended the work of such a centre, in which mothers (whether or not they themselves are "backward") with family problems can find physical recuperation and at the same time can be helped to solve the difficulties which are often the cause of mental and physical illness, but the Home Secretary also has authorised the making of payments towards the maintenance of mothers sent to Spofforth Hall as a condition of a Probation Order following a conviction for child neglect. In other than probation cases (which often require long-term training) it is usual for the mother, accompanied when advisable by her younger children, to be sent to Spofforth Hall for at least two months. During this time she is trained by stages in child care, household management, cooking and care of the family generally. At the beginning virtually all that the mother does is supervised and her life is so simplified that she can concentrate on a few essential tasks but in due course the point is reached when she is accepting almost complete responsibility for the day to day running of a home.

The Committee now accept financial responsibility in appropriate cases for mothers (accompanied when advisable by their younger children) to be sent to a suitable rehabilitation centre as an extension of the existing arrangements for the provision of recuperative convalescence.

In the case of a mother who has come from materially bad home conditions (for example, a sparsely furnished, overcrowded home) it will be obvious that any benefit which she derives from a period of rehabilitation and training is likely to be shortlived if she has to return to the same conditions. In cases of this nature special efforts are made, in co-operation with the local Housing Manager and with voluntary bodies, to improve the home conditions in readiness for the mother's return.

### **Eviction of Families for Non-payment of Rent.**

Eviction from local authority or other accommodation owing to non-payment of rent constitutes a crisis in the history of a problem family which, although generally inevitable and long foreseen, can only worsen the difficulties that already exist. So far as local housing authorities are concerned it is unlikely that arrangements for eviction are made until all reasonable efforts to avoid the need for such a step have failed but it is desirable that they should consult the County Council at an early stage (by approaching the Area Medical Officer) in order to ascertain that all possible efforts have been made on the lines already described to rehabilitate the family with a view to avoiding the need for eviction. Some housing authorities have set apart sub-standard accommodation for difficult families but this provides only a temporary solution to the problem unless there is at the same time a persistent effort to help these families to raise their standards of conduct and living.



### Temporary Accommodation for the Homeless.

The Welfare Committee provide temporary accommodation in two hostels for families who have become homeless in circumstances which could not have been foreseen. As part of an effort to effect some improvement of attitude towards the care of both themselves and their children certain of the mothers living in this accommodation were, as an experiment, given a series of talks and film shows on health subjects as part of the Committee's health education arrangements. In spite of great difficulties (at the commencement the reception of this effort varied from indifference to hostility) it was considered that the experiment had been well worth while and that some small degree of improvement at least in the physical appearance of some of the mothers and children was observable.

The wardens at both the establishments have with the support of health visitors carried out a great deal of rehabilitation work and that successful results have been achieved in many cases has been proved when the families have been rehoused. In co-operation with the Welfare Committee every encouragement will be given to health visitors to continue this work and also to follow up families leaving the accommodation for re-housing in Essex.

### CHIROPODY

Owing to the policy of the Ministry of Health it was still not possible to meet demands for the extension of such chiropody services as were operating on 5th July, 1948. The use of this service in the districts where it is at present provided, i.e. Barking, Brentwood, Chingford, Dagenham, Hornchurch, Laindon, Leyton, Walthamstow and Wanstead has increased over the previous year as is shown in the table below. A further grant was made from certain voluntary funds available to the County Council, to the Essex Old People's Welfare Committee to assist local Old People's organisations to set up their own chiropody services by engaging privately practising chiropodists on a sessional basis. By the end of the year over fifty such organisations were receiving financial assistance.

	Year	Men	Women	Children	Total
Number of new cases treated .....	1954	1,002	2,969	1,072	5,043
	1955	1,054	3,381	1,144	5,579
Number of attendances .....	1954	14,308	55,971	5,315	75,594
	1955	16,432	61,934	6,099	84,465

### CANCER ACT, 1939

It was not necessary to take any action during the year under Section 4 of the Cancer Act, 1939, which prohibits certain advertisements offering remedies for treatment of cancer.



## FACTORIES ACTS, 1937 AND 1948

No action was necessary under Section 126 of the Factories Act, 1948, whereby the County Medical Officer of Health is liable under certain circumstances to perform, or arrange for the performance of, the functions of Appointed Factory Doctors.

### NATIONAL ASSISTANCE ACT, 1948—PART III

Arrangements for the medical supervision of hostels for the aged by the Department on behalf of the Welfare Department were continued, and during the year 37 visits were made to hostels by a Senior Medical Officer. Assistant County Health Inspectors made 16 visits to hostels during the year for the purpose of reporting upon the purity of the water supply, in the course of which 18 samples were taken, all of which were found to be satisfactory.

#### Welfare of the Blind and Partially Sighted.

The County Welfare Officer has kindly supplied the following information in regard to the welfare of the blind :—

During 1955, there were 428 persons registered as blind and 177 as partially sighted after examination by the ophthalmic specialists.

The total number of blind persons on the register at the end of 1955 was 3,011 being 1,268 males and 1,743 females. The age groups of these are as follows :—

	Under 16	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 & over	Total
Male .....	47	19	50	74	106	183	109	124	556	1,268
Female .....	46	14	36	43	103	186	122	148	1,045	1,743
Total .....	93	33	86	117	209	369	231	272	1,601	3,011

The partially sighted register shows a total of 685 being 285 males and 400 females in age groups as follows :—

	Under 16	16-20	21-49	50-64	65 and over	Total
Male .....	46	28	66	33	112	285
Female .....	30	16	57	67	230	400
Total .....	76	44	123	100	342	685

There are 335 blind people employed including 56 St. Dunstaners. Partially sighted persons in employment total 131.

During the year 572 Forms B.D.8 were completed in respect of new cases and, in addition, 622 re-examinations were carried out by ophthalmic specialists. The results of these examinations were as follows :—

Blindness .....	283
Partial sightedness .....	266
Defective sightedness .....	68
Not eligible for registration .....	5
<b>Total .....</b>	<b>622</b>

The following table shows the information obtained in following up all new cases where treatment was recommended on Form B.D.8 :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
<i>New cases only—</i>				
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends :—				
(a) No treatment .....	94	24	—	187
(b) Treatment .....	103	47	—	110
(Medical, surgical or optical)				
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .....	83	47	—	103
(8 Cases refused operative treatment) .....				

*Ophthalmia Neonatorum.* Information obtained from Area Medical Officers indicated that 18 cases of Ophthalmia Neonatorum were notified during the year 1955. Vision was unimpaired in all cases.

## SECTION VI—THE MENTAL HEALTH SERVICE

### Administration.

The functions of the County Council under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938, stand referred to the Health Committee who have appointed a Mental Health Sub-Committee to exercise on their behalf those functions and such other functions in connection with the Prevention of Illness, Care and After-Care so far as they relate to mental health. The Sub-Committee meets seven times a year.

The staff employed to assist me in this work consists of a Medical Officer of Senior Medical Officer grade on the staff of the Central Office and two Assistant County Medical Officers who work in a part-time capacity and who are responsible for the completion of certificates and special reports and for statutory visiting. In addition Dr. R. M. Bates, Physician Superintendent of the Royal Eastern Counties Hospital acts as Consultant Adviser in connection with the disposal of difficult and border-line patients. The administrative staff in the Central Office includes a Supervising Duly Authorised Officer and a Petitioning Officer with an Assistant and a female Mental Health Worker. In the field there are 24 Duly Authorised Officers, one of whom retired towards the end of the year and whose post was in process of being filled when the year closed. The normal establishment also includes a Psychiatric Social Worker, but this post was vacant at the end of the year, the occupant of the post having resigned in April. The Occupation Centre staff consists of :—

- 10 Supervisors
- 7 Assistant Supervisors
- 5 Assistant Instructors
- 23 Assistants
- 9 Meals Assistants (part-time)
- 1 Coach Guide (part-time)

No changes have been made in the policy relating to the training of mental health workers. During the year three members of the occupation centre staff were sent to refresher courses organised by the National Association for Mental Health and it is hoped that it will be possible in future to arrange for qualified supervisors and assistant supervisors to attend such courses regularly. Through the courtesy of Dr. R. M. Bates, all the staff employed at the Centres were able to visit the Royal Eastern Counties Hospital to obtain knowledge of the routine and work carried out at the Centre in the hospital.



Co-operation with the hospital service remains excellent. The North-East Metropolitan and East Anglian Regional Hospital Boards and the Hospital Management Committees have always given the utmost assistance where hospital care has become a matter of urgent necessity.

During the year 1955 Members of the Mental Health Sub-Committee visited the South Ockendon Hospital at the invitation of the Hospital Management Committee.

Two voluntary associations, the National Association for Mental Health and the Guardianship Society, Hove, have, as usual, assisted in finding or providing short-term accommodation for mental defectives.

### Work undertaken in the Community.

The following statistical information gives details of the visits paid by the Duly Authorised Officers. New cases show an increase of 76 and inventories prepared show an increase of 10 over the figures for 1954 but otherwise the figures show a slight diminution of work accomplished.

#### *Mental Deficiency Acts —*

New cases	.....	.....	.....	.....	.....	523
Statutory Supervision	.....	.....	.....	.....	.....	11,067
Voluntary	.....	.....	.....	.....	.....	2,051
Case Notes	.....	.....	.....	.....	.....	62
Licence cases	.....	.....	.....	.....	.....	518
Home circumstances report for visitors	.....	.....	.....	.....	.....	629
Guardianship cases	.....	.....	.....	.....	.....	363
Holiday, licence and discharge applications	.....	.....	.....	.....	.....	375

#### *Lunacy Acts —*

Preliminary Investigations	.....	.....	.....	.....	.....	2,547
Sections 14 and 16 (certified)	.....	.....	.....	.....	.....	987
Section 11 (urgency orders)	.....	.....	.....	.....	.....	273
Section 20 (detention for not more than three days)	.....	.....	.....	.....	.....	461
Section 21 (14 days orders)	.....	.....	.....	.....	.....	2

*Mental Treatment Act—*

Section 1 (voluntary)	.....	.....	.....	360
Section 5 (temporary)	.....	.....	.....	85
Inventories prepared	.....	.....	.....	47
Other visits	.....	.....	.....	4,627
				<hr/>
				24,997
				<hr/>

**Lunacy and Mental Treatment Acts, 1890—1930**

The number of persons suffering from mental illness who were admitted to mental hospitals during the year is shown below :—

	With the assistance of the Duly Authorised Officers.		Without such assistance.
<i>Lunacy Act, 1890—</i>			
Section 11 (urgency orders) .....	113	.....	—
Sections 14 and 16 (certified) .....	608	.....	—
Section 20 (detention for not more than three days) .....	165	.....	—
<i>Mental Treatment Act, 1930 —</i>			
Section 1 (voluntary) .....	185	.....	1,170
Section 5 (temporary) .....	66	.....	—

The ready assistance which officers have again received from both the County and Metropolitan Police Forces in dealing with violent or difficult patients is gratefully acknowledged.

## Mental Deficiency Acts, 1913—1938.

	Under Age 16		Aged 16 & over	
	M	F	M	F
<i>Particulars of cases reported during 1955 —</i>				
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—				
(i) Local Education Authorities on Children—				
(1) While at school or liable to attend school .....	59	41	—	—
(2) On leaving special schools .....	32	33	—	—
(3) On leaving ordinary schools .....	18	9	—	—
(ii) Police or by Courts .....	—	—	4	1
(iii) Other sources .....	8	6	8	7
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground .....	5	3	12	20
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .....	8	7	—	—
Total number of cases reported during the year	130	99	24	28
<i>Disposal of cases —</i>				
(a) Of the cases ascertained to be defectives "subject to be dealt with" number—				
(i) Placed under Statutory Supervision	117	88	7	6
(ii) Placed under Guardianship .....	—	—	—	—
(iii) Taken to "Places of Safety" .....	—	—	—	—
(iv) Admitted to Institutions .....	—	1	5	2
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number—				
(i) Placed under Voluntary Supervision .....	5	3	12	20
(ii) Action unnecessary .....	—	—	—	—
Total of Item 2 .....	122	92	24	28



The total number of patients ascertained as being defectives "subject too be dealt with" as at the 31st December, 1955, together with their classification is as follows :—

	Under Age 16 years		Aged 16 years and over	
	M	F	M	F
Placed under Statutory Supervision	396	272	796	678
Placed under Guardianship .....	8	6	20	25
Taken to "Places of Safety" .....	1	—	2	—
Admitted to Institutions .....	102	60	661	605
TOTALS .....	507	338	1,479	1,308

In addition there are in the community 1,720 defectives over whom Voluntary Supervision is exercised.

During the year 125 Orders have been obtained detaining defectives in institutions or under guardianship, 9 of which were obtained on behalf of other Authorities. In addition five patients were detained under Orders made by Magistrates' Courts or by the Secretary of State under Sections 8 or 9 of the Mental Deficiency Act, 1913, respectively.

### Occupation Centres.

Occupation Centres are undoubtedly the most valuable and important part of the community Mental Health Service both from the point of view of care and training of mental defectives and from the point of view of relief they afford to parents.

The standard building plan, referred to in the report for 1954, received the informal approval of the Ministry of Health and the provision of a new Centre at Grays has been included in the Capital Building Programme in addition to the one proposed for Chelmsford.

Adaptations were carried out to old school premises at Rippleside, Barking, formerly used as a Day Nursery and the Barking Occupation Centre was transferred to this improved accommodation on 9th March, 1955. Because it is now possible to cater for a larger number of patients, a revision of coach routes is being undertaken with a view to providing a second coach at Barking, in order to reduce the number of patients attending Centres at Dagenham and Ilford and increase those at Barking.

Negotiations are proceeding with the owners of the premises at Dagenham for the hiring of the hall for a further period of five years, in consideration of which it is proposed to improve the premises by redecorating them and installing gas convector heaters, a water heater and a hot cupboard for meals.

Additional accommodation has been hired from the church authorities at Walthamstow to provide for the increased numbers of patients attending the Senior Occupation Centre. Improvements to the sanitary accommodation are to be carried out and a longer lease has been obtained from the owners to justify the expenditure entailed.

At the Leyton Centre a certain amount of redecoration was undertaken.

The increased attendances at the Chelmsford Junior and Ilford Senior Occupation Centres necessitated the creation of further posts of Assistant and Assistant Instructor respectively.

A playground was provided at the Ilford Junior Occupation Centre and, with the co-operation of the Leyton Borough Council, arrangements were made for the patients who attend the Leyton Centre to be taken to a nearby park on suitable days for outdoor exercise.

Approval in principle has been given to the provision of a further Occupation Centre at Clacton-on-Sea to cater for the needs of patients residing in this and other towns on the east coast. Suitable premises are being sought, and it is hoped to open the Centre early in 1956.

At each of the ten Centres work continued as previously and the registers all showed an increase. At the end of the year there were 601 patients on the registers, an increase of 57 over the 1954 figures.

### Short-Term Care of Mental Defectives.

No difficulty was experienced in placing mental defectives with foster-parents or in approved homes for temporary periods and during the year this form of care was provided for 96 patients. This facility is undoubtedly of great value to parents particularly when the mother is temporarily incapacitated by reason of illness or some other cause.

### Institutional Accommodation.

The review of patients whose names were on the waiting list for admission to an institution, which was mentioned last year, led to the removal of the names of 58 patients because it was considered that they no longer needed institutional care or, alternatively, because their relatives were not prepared to consent to Petitions being presented for Detention Orders. The majority were high grade patients who were employable or useful at home. Difficulty is being experienced in filling vacancies which arise for this type of patient, and despite the review, vacancies are still being refused when offered.

During the year additional names were added to the list and at the end of the year there were 348 names on the list compared with 376 at the end of the previous year.



### **Prevention of Illness, Care and After-Care.**

Owing to the resignation of the Psychiatric Social Worker, oversight of the Goodwill Social Club has been entrusted to one of the Duly Authorised Officers at Romford. The number of patients referred to the Club by various Hospitals during the year has been rather disappointing and the average weekly attendance is 14. Owing to the differing personalities of the patients, difficulties arise from time to time in arranging the monthly programme and the response naturally varies with the type of entertainment or discussion.

There appears to be no reason, however, why the Club should not continue to flourish and provide a useful service to its members. During the year the progress made by at least eight members has been most gratifying ; early in the year they were all very reserved and shy and had insufficient confidence to enable them to mix with others, but they are now all very active members, some of whom serve on the Committee.

In addition to paying the rental of the premises, the County Council have agreed to make an annual grant to the funds of the Club, and this has been greatly appreciated by the patients and has released funds for the provision of additional amenities.

Social after-care for other patients residing in the community continued to be undertaken by the Duly Authorised Officers, who also took over the cases formerly visited by the Psychiatric Social Worker.

### **Welfare Services for Handicapped Persons.**

In connection with the County Council's scheme under the National Assistance Act, 1948, for providing welfare services including training facilities and employment for permanently handicapped persons, it has been agreed that the services for persons who are mentally handicapped will be provided through the agency of the Duly Authorised Officers, because the services to be provided are in many ways very similar to those provided for mental defectives living in the community and for patients who have been discharged from mental hospitals. In fact, many of the persons concerned fall into the latter category or have been in attendance at a Psychiatric Out-Patient Clinic. At the present time the number of persons being dealt with is not very large but it is anticipated that the demand for this service will grow.



## APPENDIX

## COUNTY COUNCIL OF ESSEX

## NATIONAL HEALTH SERVICE ACT, 1946

**Extension of existing arrangements for Prevention of Illness,  
Care and After-Care**

Delete the second paragraph in Part I (A) of the proposed arrangements formulated by the County Council of Essex for carrying out their functions under Section 28 of the Act relating to Prevention of Illness, Care and After-Care as modified and approved by the Minister of Health and substitute the following therefor :—

“ It is further proposed that, as soon as practicable after the appointed day, and as the opportunity arises, the Authority will, in co-operation, if practicable, with the Regional Hospital Boards, establish such workshops, night sanatoria, hostel accommodation, village settlements or any such other similar provision for ex-patients needing sheltered employment as the Authority may deem to be necessary and also either directly or through the agency of a voluntary organisation, an occupational therapy service with the necessary staff and equipment for tuberculous patients living at home who are not registered as handicapped persons.”

# STILLBIRTH, NEONATAL AND POST-NEONATAL MORTALITY RATES, 1949-55

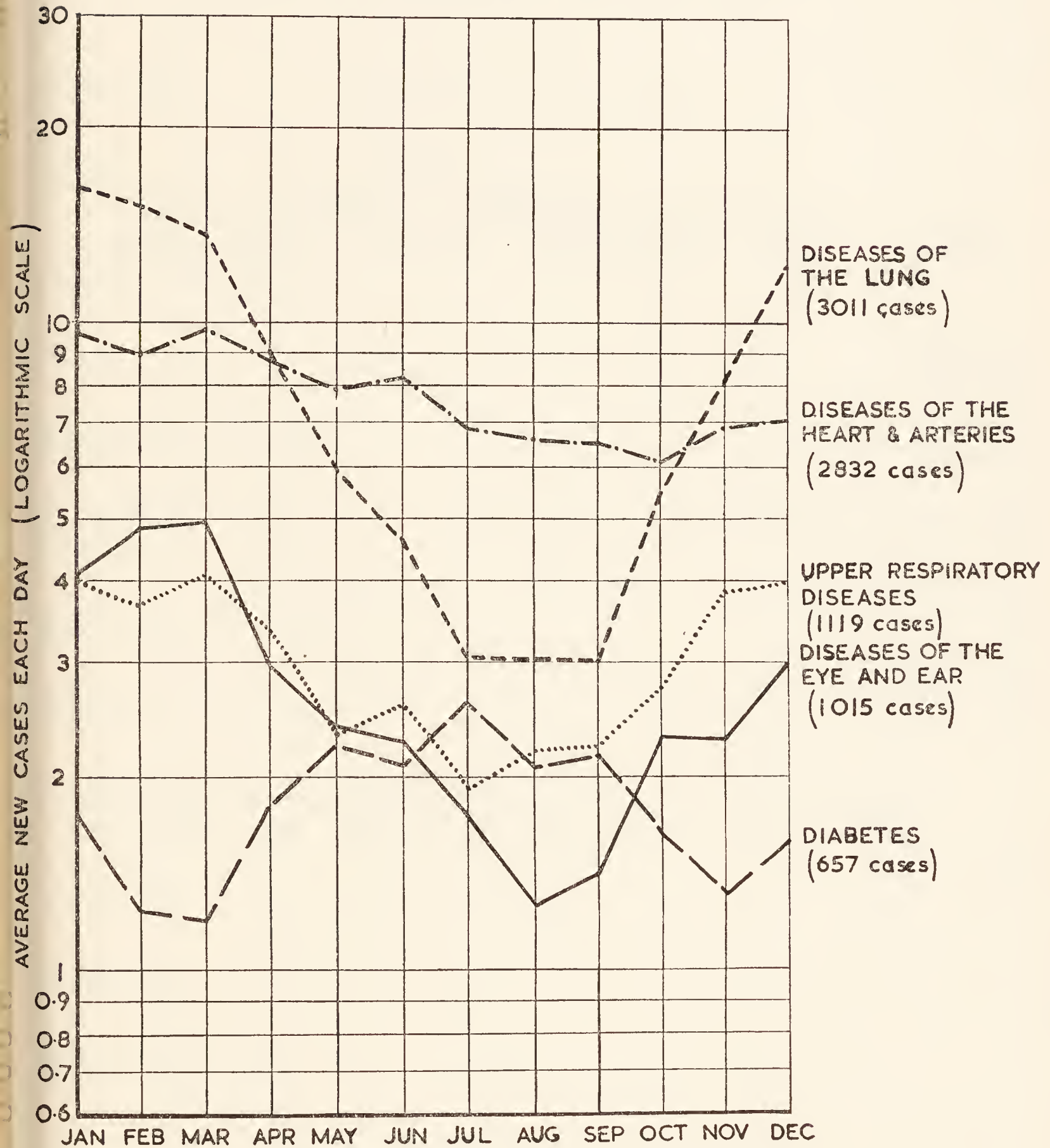
BOROUGHES AND URBAN DISTRICTS IN METROPOLITAN ESSEX AND OTHER PARTS OF GREATER LONDON



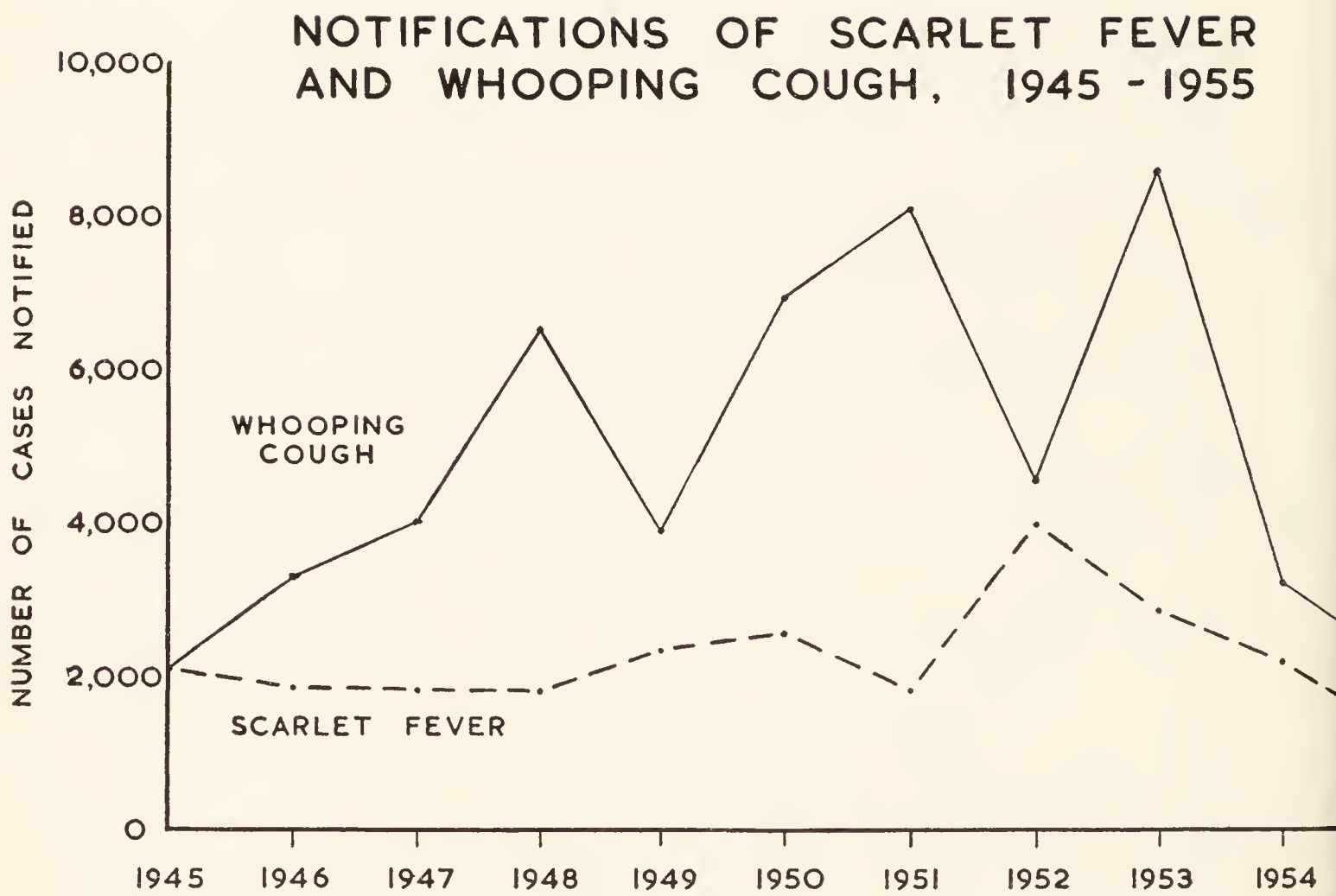


# HOME NURSING

MONTHLY INCIDENCE OF NEW CASES IN 1955  
FOR FIVE SELECTED DISEASE GROUPS

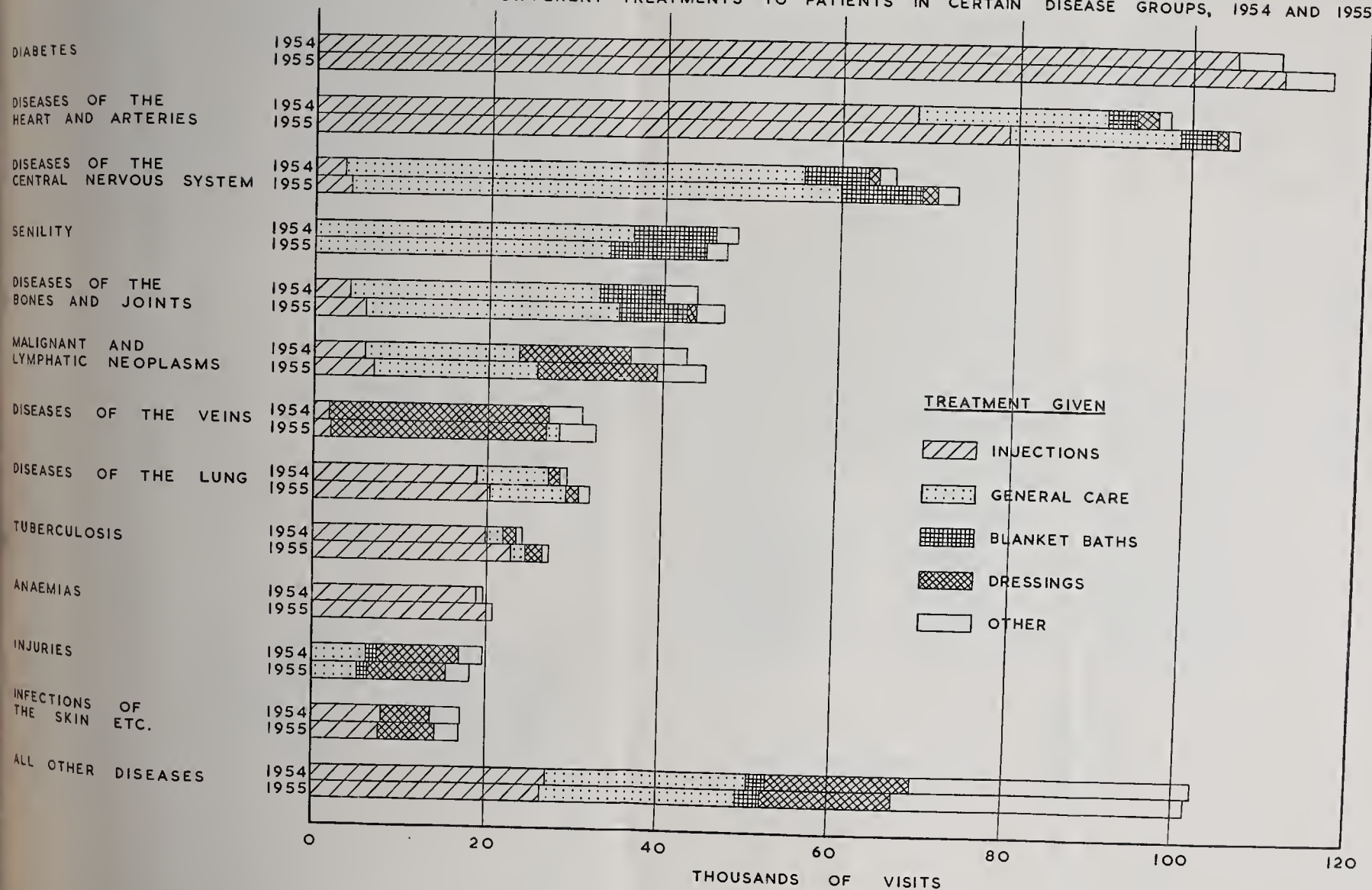






## HOME NURSING

VISITS TO GIVE DIFFERENT TREATMENTS TO PATIENTS IN CERTAIN DISEASE GROUPS, 1954 AND 1955



## TRENDS IN DOMICILIARY AND INSTITUTIONAL BIRTHS, 1951-1955

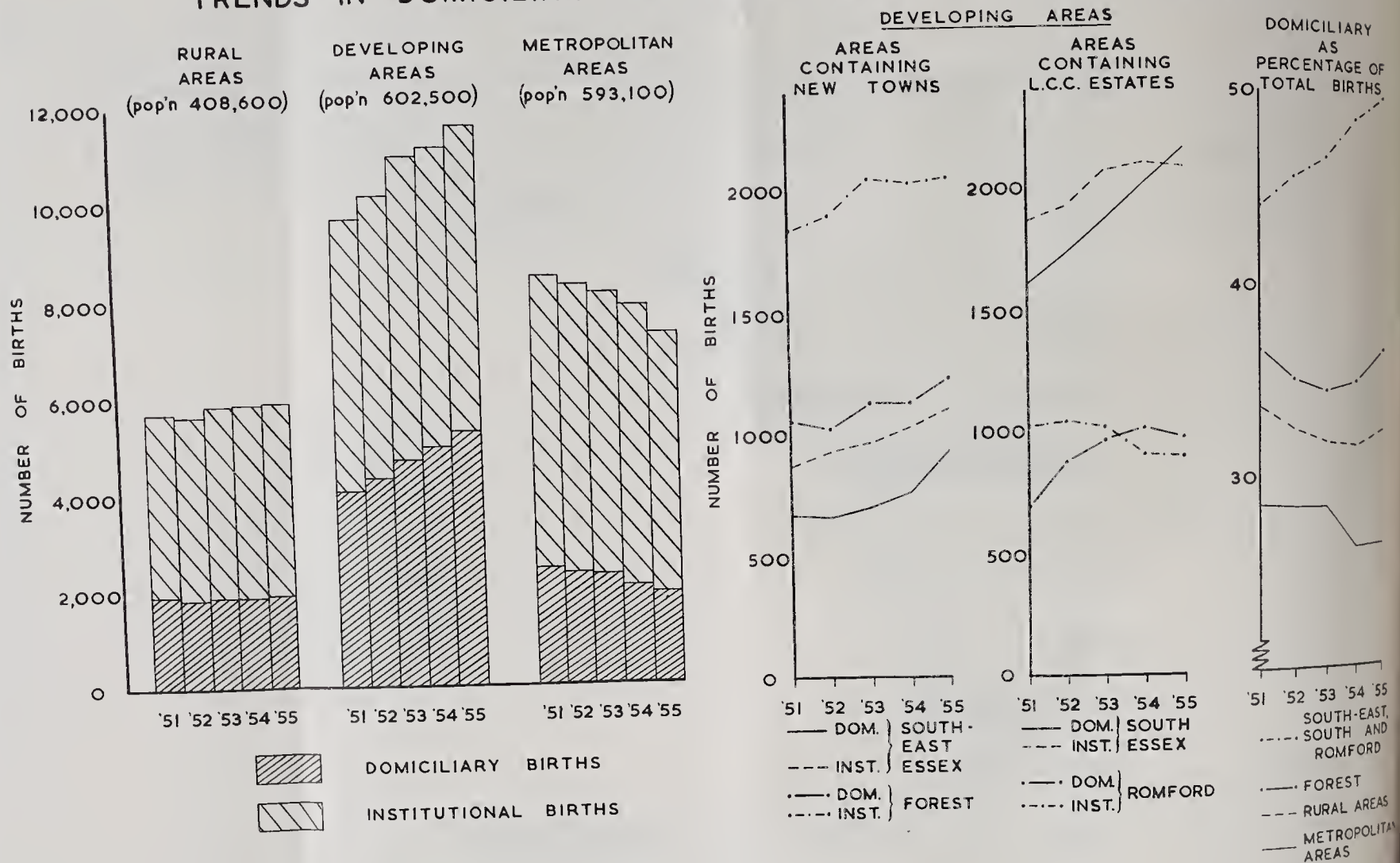




Table I.—BIRTHS, DEATHS, ANNUAL RATES, &amp;c., 1955

Health Area and County District	Census, 1951		Live Births		Still Births		Deaths at all Ages		Infant Deaths	
	Average	Population	No.	Rate*	No.	Rate‡	No.	Rate*	No.	Rate**
<b>Administrative County</b>	959,463	1,601,329	24,290	14.3	538	21.7	17,205	10.1	538	22.1
<b>Boroughs and Urban Districts†</b>	256,982	1,373,893	20,698	14.1	460	21.7	14,386	9.8	454	21.9
<b>Rural Districts†</b>	702,481	227,436	3,592	15.3	78	21.3	2,819	12.0	84	23.4
<b>1. North-East Essex</b>	243,651	184,069	2,486	13.0	64	25.1	2,500	13.1	69	27.8
Colchester B.	12,011	57,449	923	14.6	23	24	745	11.8	20	22
Harwich B.	1,512	14,069	212	13.8	6	28	124	8.1	5	24
Brightlingsea U.	2,852	4,502	51	11.1	3	56	66	14.4	1	20
Clacton U.	6,470	24,066	243	10.0	3	12	361	14.9	8	33
Frinton and Walton U.	6,293	8,451	80	9.5			139	16.5	5	63
Halstead U.	1,176	6,000	81	12.7	2	24	95	14.9	3	37
West Mersea U.	3,171	3,004	28	9.2	2	67	51	16.8		
Wivenhoe U.	1,493	2,379	31	12.2			31	12.2	1	32
Halstead R.	76,693	17,047	204	12.3	8	38	200	12.0	9	44
Lexden and Winstree R.	66,096	22,668	304	13.6	10	32	294	13.2	10	33
Tendring R.	65,884	24,434	329	13.4	7	21	394	16.1	7	21
<b>2. Mid-Essex</b>	459,453	208,145	3,368	15.5	75	21.8	2,469	11.4	76	22.6
Chelmsford B.	4,772	37,891	657	16.3	15	22	367	9.1	21	32
Maldon B.	4,809	9,726	132	13.5	2	15	110	11.2	1	8
Saffron Walden B.	7,502	6,828	91	12.6	3	33	128	17.7	3	33
Braintree and Bocking U.	6,812	17,481	307	17.0	9	28	219	12.1	4	13
Burnham-on-Crouch U.	5,352	3,965	57	14.8	1	17	54	14.1	1	18
Witham U.	7,329	8,600	122	13.9	4	32	87	9.9	2	16
Braintree R.	59,234	18,749	320	16.1	5	15	237	11.9	11	34
Chelmsford R.	86,506	39,261	40,180	16.6	15	45	514	12.8	9	14
Dunmow R.	72,809	18,248	19,420	16.3	6	19	219	11.3	6	19
Maldon R.	78,507	14,963	15,100	12.9	6	30	185	12.3	6	31
Epping and Ongar R. (part of)†	47,236	14,866	263	16.1	5	19	170	10.4	4	15
Saffron Walden R.	78,585	17,567	242	13.1	4	16	179	9.7	8	33
<b>3. South-East Essex</b>	79,658	103,517	2,025	16.8	38	18.4	1,411	11.7	46	22.7
Basildon U.	27,139	43,380	1,047	19.3	22	21	615	11.3	26	25
Benfleet U.	6,361	19,882	325	15.1	6	18	267	12.4	6	18
Canvey Island U.	4,351	11,258	175	14.5	1	6	156	13.0	7	40
Rayleigh U.	5,727	9,388	161	14.0	2	12	125	10.9	3	19
Rochford R.	36,080	19,609	317	14.9	7	22	248	11.6	4	13
<b>4. South Essex</b>	78,589	216,097	4,101	16.4	95	22.6	2,347	9.4	81	19.8
Brentwood U.	18,269	29,897	577	15.2	15	25	492	12.9	14	24
Hornchurch U.	19,768	104,092	1,749	15.8	39	22	1,119	10.1	32	18
Thurrock U.	40,552	82,108	1,775	17.6	41	23	136	7.3	35	20
<b>5. Forest</b>	62,978	196,942	3,367	15.0	66	19.2	1,784	8.0	57	16.9
Chingford B.	2,868	48,355	472	10.0	10	21	343	7.3	6	13
Wanstead and Woodford B.	3,842	61,623	694	11.3	11	16	649	10.6	12	17
Chigwell U.	8,971	51,802	802	13.6	24	29	374	6.4	11	14
Epping U.	1,488	6,937	131	17.8	3	22	80	10.8	2	15
Harlow U.†	6,324	5,771	24,660	34.4	10	15	74	3.9	10	15
Waltham Holy Cross U.	10,958	8,201	177	18.8	3	17	85	9.0	6	34
Epping and Ongar R. (part of)††	28,527	14,253	436	20.8	5	11	179	8.6	10	23
<b>6. Romford B.</b>	9,342	88,002	1,915	17.7	46	23.5	704	6.5	44	23.0
<b>7. Barking B.</b>	3,877	78,170	980	12.9	30	29.7	667	8.8	24	24.5
<b>8. Dagenham B.</b>	6,554	114,568	1,501	13.0	36	23.4	796	6.9	44	29.3
<b>9. Ilford B.</b>	8,425	184,706	2,100	11.6	49	22.8	2,081	11.5	42	20.0
<b>10. Leyton B.</b>	2,594	105,978	1,136	11.1	15	13.0	1,258	12.3	28	24.6
<b>11. Walthamstow B.</b>	4,342	121,135	1,311	11.1	24	18.3	1,188	10.1	27	20.6
<b>Epping and Ongar R. (Whole)†</b>	75,763	29,119	699	18.8	10	14	349	11.0	14	20

\* per 1,000 estimated population. ‡ per 1,000 total births. \*\* per 1,000 live births.  
† figures other than those for the 1951 Census are estimated, the figures for the whole rural district being given at the foot of the table.  
† births and deaths from Jan. 1st—Mar. 31st in the area created Harlow U.D. on April 1st are included under Epping and Ongar R.D. Rates are calculated from adjusted population figures.

Table II  
CAUSES OF DEATH BY AGE, 1955

	Males									Females								
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis—respiratory .....	—	—	—	1	14	41	32	8	96	—	—	—	4	18	12	4	6	44
2. Tuberculosis—other .....	1	3	1	1	2	5	1	3	17	—	2	1	—	2	2	2	3	12
3. Syphilitic disease .....	—	—	—	—	4	10	15	7	36	—	—	—	—	—	6	9	5	20
4. Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough .....	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
6. Meningococcal infections .....	1	1	—	—	—	—	—	—	2	—	1	—	—	—	1	—	—	2
7. Acute poliomyelitis .....	—	1	6	1	6	—	—	—	14	1	—	2	—	3	—	—	—	6
8. Measles .....	—	2	3	—	—	—	—	—	5	—	1	—	—	—	—	—	—	1
9. Other infective and parasitic diseases .....	1	2	2	—	2	5	3	1	16	—	2	1	3	3	5	2	3	19
10. Malignant neoplasm, stomach .....	—	—	—	—	14	88	100	68	270	—	—	—	1	7	54	68	93	223
11. Malignant neoplasm, lung and bronchus .....	—	—	—	—	21	299	181	52	553	—	—	—	—	8	47	26	19	100
12. Malignant neoplasm, breast .....	—	—	—	—	—	—	1	1	2	—	—	—	—	28	150	71	72	321
13. Malignant neoplasm, uterus .....	—	—	—	—	—	—	—	—	—	—	—	—	—	14	57	36	25	132
14. Other malignant and lymphatic neoplasms .....	1	2	8	7	50	239	246	278	831	—	4	4	5	61	269	219	223	785
15. Leukaemia and aleukaemia .....	—	4	9	1	12	10	13	6	55	2	5	6	1	9	17	6	8	54
16. Diabetes .....	—	1	—	1	4	9	10	11	36	—	—	—	—	3	16	23	32	74
17. Vascular lesions of nervous system .....	1	—	—	2	10	184	299	453	949	—	—	—	2	22	212	339	750	1,325
18. Coronary disease, angina .....	—	—	—	—	52	544	561	445	1,602	—	—	—	—	6	143	312	443	904
19. Hypertension with heart disease .....	—	—	—	—	2	37	65	96	200	—	—	1	—	1	21	78	166	267
20. Other heart disease .....	—	—	1	4	22	122	224	603	976	—	1	2	2	31	145	271	1,115	1,567
21. Other circulatory disease .....	—	—	—	—	10	67	97	172	346	1	—	2	3	5	60	101	242	414
22. Influenza .....	—	—	—	1	1	7	9	24	42	1	—	—	—	3	7	4	23	38
23. Pneumonia .....	40	4	3	1	5	82	104	214	453	25	6	3	2	7	42	79	266	430
24. Bronchitis .....	6	5	1	2	10	178	200	225	627	3	2	—	1	4	27	61	168	266
25. Other diseases of respiratory system .....	1	1	1	1	7	49	30	34	124	2	—	—	—	2	11	8	21	44
26. Ulcer of stomach and duodenum .....	—	—	—	—	4	49	58	56	167	—	—	—	—	—	14	18	30	62
27. Gastritis, enteritis and diarrhoea .....	5	—	—	1	5	10	9	6	36	5	2	—	—	2	6	11	19	45
28. Nephritis and nephrosis .....	1	—	1	2	14	26	15	14	73	—	—	2	3	8	15	21	29	78
29. Hyperplasia of prostate .....	—	—	—	—	—	8	34	89	131	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion .....	—	—	—	—	—	—	—	—	—	—	—	—	3	7	1	—	—	11
31. Congenital malformations .....	55	8	7	3	7	9	2	—	91	36	9	3	—	—	5	3	2	58
32. Other defined and ill-defined diseases .....	208	7	7	7	36	143	112	207	727	123	4	13	4	48	135	139	345	811
33. Motor vehicle accidents .....	1	5	6	27	37	25	10	5	116	—	2	2	9	7	4	12	10	46
34. All other accidents .....	10	9	8	14	29	37	18	29	154	2	5	4	2	6	15	16	69	119
35. Suicide .....	—	—	1	2	20	48	23	7	101	—	—	—	1	17	28	17	6	69
36. Homicide and operations of war .....	2	—	—	—	1	2	2	—	7	1	—	—	—	—	—	—	—	1
All Causes .....	334	55	65	79	401	2,333	2,474	3,114	8,855	204	46	46	46	332	1,527	1,956	4,193	8,350



Table III.—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1955

Health Area and County District	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Measles	Other infective and parasitic diseases	Malignant neoplasm, stomach	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes			
Administrative County	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)		
Boroughs and Urban Districts†	127	24	51	—	2	3	13	6	32	417	576	289	112	1,375	96	110	2,274	2,506	467	2,543	760	80	883	893	168	229	81	151	131	11	148	1,534	167	273	170	8	17,205	
Rural Districts†	13	5	5	—	—	1	7	—	3	76	77	34	112	241	13	97	1,802	2,123	410	2,065	636	65	727	796	142	191	64	130	107	9	127	1,268	136	217	144	7	14,386	
1. North-East Essex	22	3	5	—	—	1	1	1	1	64	60	35	20	218	16	19	426	364	64	410	110	7	112	82	11	38	12	30	20	2	18	230	20	58	21	—	2,500	
Colchester B.	6	1	3	—	—	1	—	—	—	18	13	13	6	62	3	6	90	120	21	144	25	1	35	27	4	15	5	11	5	1	5	67	7	20	9	—	745	
Harwich B.	2	1	—	—	—	—	—	—	—	1	2	—	1	17	3	2	24	15	5	19	3	—	1	6	—	3	—	1	—	—	1	6	2	3	1	—	124	
Brightlingsea U.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	11	—	19	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	
Clacton U.	2	—	1	—	—	—	—	—	1	7	15	8	3	26	3	6	66	64	9	54	19	2	11	16	1	1	1	2	—	—	1	32	2	4	2	—	361	
Frinton & Walton U.	—	—	—	—	—	—	—	—	—	3	2	1	2	15	1	—	29	25	4	20	9	—	2	3	—	—	—	—	—	—	—	1	13	—	—	—	139	
Halstead U.	3	—	—	—	—	—	—	—	—	6	3	3	1	9	—	—	12	12	3	3	3	—	13	5	—	1	—	—	—	—	—	1	11	3	1	—	95	
West Mersea U.	—	—	—	—	—	—	—	—	—	1	3	1	2	1	—	1	14	7	1	7	4	—	—	—	—	—	—	—	—	—	—	—	3	1	1	—	51	
Wivenhoe U.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31	
Halstead R.	1	—	—	—	—	—	—	—	—	9	4	2	—	21	2	2	32	32	5	19	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	200	
Lexden & Winstree R.	3	1	—	—	—	—	—	—	—	9	8	3	3	23	1	—	51	38	7	45	8	3	24	5	1	9	—	—	—	—	—	—	—	—	—	—	294	
Tendring R.	4	—	1	—	—	—	—	—	—	8	9	3	2	35	2	2	93	36	8	72	23	1	10	14	2	1	3	4	—	—	—	—	—	—	—	—	394	
2. Mid-Essex	11	4	7	—	—	1	8	1	5	64	76	39	24	217	12	12	363	353	40	417	100	19	111	107	26	31	14	13	19	2	20	260	23	39	29	2	2,469	
Chelmsford B.	—	1	1	—	—	—	—	—	—	7	18	8	6	38	2	1	45	67	5	38	18	1	22	17	4	5	2	—	2	—	6	43	2	3	4	—	367	
Maldon B.	—	—	—	—	—	—	—	—	—	2	4	—	—	7	—	1	21	16	2	38	2	2	2	5	—	—	—	—	—	—	—	—	—	—	—	—	110	
Saffron Walden B.	1	—	2	—	—	—	—	—	—	2	3	3	1	12	3	2	18	12	—	21	5	7	1	7	—	—	—	—	—	—	—	—	—	—	—	—	128	
Braintree & Bocking U.	2	—	—	—	—	—	—	—	—	8	5	5	1	18	—	2	33	38	4	33	2	—	11	13	2	2	2	1	—	—	—	19	—	2	1	—	219	
Burnham-on-Crouch U.	—	—	—	—	—	—	—	—	—	2	—	1	1	5	—	—	8	8	1	6	3	—	—	2	2	2	1	—	—	—	—	24	1	6	4	—	54	
Witham U.	3	—	—	—	—	—	—	—	3	3	2	2	—	9	—	—	13	5	4	12	3	—	3	4	1	2	—	—	—	—	—	13	—	1	—	87		
Braintree R.	—	1	1	—	—	—	—	—	—	2	11	3	1	20	1	1	28	28	—	53	8	—	—	4	1	2	—	—	—	—	—	11	2	1	—	237		
Chelmsford R.	1	2	—	—	—	—	—	—	—	17	20	4	8	39	3	2	76	67	13	89	24	6	30	10	2	4	3	2	—	—	2	30	3	1	3	—	514	
Dunmow R.	3	—	1	—	—	—	—	—	—	4	1	6	3	17	1	—	25	43	2	35	12	—	12	7	6	3	1	1	4	—	2	46	6	10	7	—	219	
Maldon R.	—	—	—	—	—	—	—	—	—	4	4	1	1	15	—	1	29	19	2	41	11	2	6	8	3	6	1	2	—	—	2	21	3	6	3	—	185	
Epping & Ongar R. (part of)†	1	—	—	—	—	—	—	—	—	4	4	1	1	16	2	1	32	24	3	32	6	—	7	5	2	1	2	—	—	—	1	18	3	2	1	—	170	
Saffron Walden R.	—	—	1	—	—	—	—	—	—	9	4	1	1	21	—	1	35	26	4	19	6	1	2	6	3	3	1	—	—	—	—	5	15	1	2	—	179	
3. South-East Essex	9	3	3	—	—	2	—	2	35	49	22	14	108	7	13	205	222	41	172	77	5	104	69	11	13	5	8	16	—	8	133	12	29	14	—	1,411		
Basildon U.	7	2	1	—	—	—	—	—	16	17	9	5	44	6	4	75	80	16	68	44	2	49	39	6	5	1	8	7	—	—	4	68	9	14	8	—	615	
Benfleet U.	2	—	1	—	—	—	—	—	4	9	7	4	19	1	4	50	48	9	34	11	1	14	9	2	4	3	—	—	—	—	1	21	1	4	2	—	267	
Canvey Island U.	—	—	—	—	—	—	—	—	2	11	2	5	15	—	—	16	28	4	15	6	—	9	6	2	2	—	—	—	—	—	—	1	19	—	5	—	156	
Rayleigh U.	—	—	—	—	—	—	—	—	6	5	1	—	14	—	—	19	22	2	16	6	—	9	5	—	—	—	—	—	—	—	—	1	14	1	1	—	125	
Rochford R.	—	1	1	—	—	—	—	—	7	7	3	—	16	—	3	45	44	10	39	10	2	23	10	1	2	1	—	—	—	—	—	1	11	1	5	1	—	248
4. South Essex	23	2	12	—	1	4	—	9	63	81	41	18	228	20	12	299	310	88	380	103	6	118	109	26	26	7	24	16	2	24	206	26	35	26	2	—	2,347	
Brentwood U.	3	—	3	—	—	—	—	—	3	9	14	11	2	44	4	2	51	65	12	101	26	1	33	17	6	10	2	2	—	—	3	47	6	5	5	2	492	
Hornchurch U.	4	—	2	—	—	—	—	—	3	33	40	19	8	110	8	7	157	139	52	209	34	2	49	65	10	8	2	8	7	—	9	90	12	18	11	—	1,119	
Thurrock U.	16	2	7	—	—	—	—	—	21	27	11	8	74	8	3	91	106	24	70	43	3	36	27	10	8	3	14	7	1	12	69	8	12	10	—	736		
5. Forest	13	5	8	—	—	—	—	—	46	86	39	9	179	17	10	236	270	43	241	76	10	95	88	15	22	13	12	10	1	18	144	26	29	20	1	1,784		
Chingford B.	2	—	2	—	—	—	—	—	12	18	11	1	38	4	—	43	52	9	48	11	2	17	17	4	3	4	—	—	—	—	4	25	4	4	7	—	343	
Wanstead & Woodford B.	3	1	3	—	—	—	—	—	13	24	14	1	67	4	6	98	86	18	99	37	6	30	39	3	9	5	5	4	1	7	47	7	6	6	—	649		
Chigwell U.	7	3	2	—	—	—	—	—	11	25	3	5	36	7	2	41	65	12	37	10	2	17	20	4	5	3	4	—	—	—	3	27	3	9	4	—	374	
Epping U.	—	—	—	—	—	—	—	—	1	3	1	7	1	15	1	3	13	1	3	4	—	6	1	1	2	—	—	—	—	—	1	6	2	1	—	80		
Harlow U.†	1	1	—	—	—	—	—	—	3	1	2	1	8	—	—	10	16	—	9	5	—	4	3	1	1	—	—	—	—	—	2	14	1	3	2	—	74	
Waltham Holy Cross U.	—	—	—	—	—	—	—	—	3	10	3	—	5	—	—	26	26	3	34	5	—	13	5	2	1	—	—	—	—	—	1	9	2	2	—	85		
Epping & Ongar R. (part of)†	—	—	—	—	—	—	—	—	3	5	3	—	18	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	179		
6. Romford B.	4	4	5	—	1	—	2	1	21	25	14	8	65	4	4	81	97	16	94	31	4	41	34	10	8	4	9	6	2	13	69	11	10	5	—	704		
7. Barking B.	7	2	2	—	—	—	1	2	32	42	14	6	81	1	3	6																						



Table IV.—NOTIFICATION OF INFECTIOUS DISEASE—1955

Health Area and County District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Tuberculosis Respiratory	Tuberculosis Meninges and C.N.S.	Tuberculosis Other	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fevers	Enteric or Typhoid Fever	Erysipelas	Malaria	Food Poisoning	Others†	Total
Administrative County	1,238	2,163	12	27,777	1,045	893	13	144	35	251	200	3	1	251	18	454	—	34	10	231	3	466	224	31,047
Boroughs and Urban Districts	1,078	1,916	2	24,283	973	802	13	130	30	212	181	3	1	231	16	454	—	34	10	231	3	466	224	35,466
Rural Districts	160	247	10	3,494	72	91	—	14	5	39	19	—	—	20	2	367	—	26	9	213	—	46	138	31,047
1. North-East Essex	82	254	—	2,859	77	86	1	21	4	33	19	—	—	37	1	62	—	3	3	16	—	38	86	4,419
Colchester B.	44	22	—	1,091	43	34	1	3	3	12	5	—	—	36	1	54	—	3	3	16	1	38	24	3,621
Harwich B.	3	33	—	79	8	13	—	3	1	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Brightlingsea U.	—	—	—	11	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clacton U.	2	86	—	714	—	7	—	3	—	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Frinton and Walton U.	2	22	—	160	2	1	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Halstead U.	1	1	—	20	—	2	—	2	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—
West Mersea U.	1	3	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wivenhoe U.	2	3	—	69	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Halstead R.	8	—	—	198	2	15	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lexden and Winstree R.	5	67	—	226	16	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tendring R.	14	17	—	286	3	11	—	1	—	1	1	—	—	1	—	3	—	—	—	1	—	—	4	231
2. Mid-Essex	102	179	11	2,545	70	87	—	9	3	47	20	—	—	9	1	16	—	2	2	15	—	3	9	331
Chelmsford B.	24	43	1	306	7	16	—	1	1	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Maldon B.	—	—	—	199	7	7	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Saffron Walden B.	1	—	—	86	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Braintree and Bocking U.	5	16	—	46	1	12	—	—	—	8	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Burnham-on-Crouch U.	2	1	—	220	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Witham U.	2	3	—	12	7	7	—	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Braintree R.	6	33	—	214	3	8	—	3	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Chelmsford R.	22	30	—	560	6	16	—	—	—	6	2	—	—	3	—	4	—	—	—	—	—	—	—	—
Dunmow R.	1	22	—	113	12	6	—	—	—	4	1	—	—	1	—	5	—	—	—	—	—	—	—	—
Maldon R.	17	12	—	391	8	3	—	—	—	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Epping and Ongar R. (part of)*	13	13	10	139	3	3	—	—	—	4	6	—	—	2	—	1	—	2	1	—	—	—	—	—
Saffron Walden R.	9	6	—	259	11	7	—	—	1	1	1	—	—	3	—	—	—	—	—	—	—	—	—	—
3. South-East Essex	75	124	—	1,759	108	62	1	14	3	15	15	—	—	14	2	108	—	—	—	—	—	—	—	—
Basildon U.	20	47	—	1,040	26	21	1	7	2	4	1	—	—	7	—	—	—	—	—	—	—	—	—	—
Benfleet U.	9	6	—	109	23	14	—	2	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Canvey Island U.	1	23	—	158	52	11	—	2	—	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Rayleigh U.	—	33	—	135	4	4	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rochford R.	45	15	—	317	3	12	—	2	1	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—
4. South Essex	173	355	—	4,688	131	108	1	20	3	38	48	—	1	25	4	21	—	4	1	24	—	73	66	5,784
Brentwood U.	6	38	—	580	22	24	1	2	1	6	10	—	—	4	—	1	—	—	—	—	—	—	—	—
Hornchurch U.	93	163	—	2,272	43	37	—	7	1	12	13	—	—	3	—	—	—	—	—	—	—	—	—	—
Thurrock U.	74	154	—	1,836	66	47	—	11	1	20	25	—	—	18	—	19	—	—	—	—	—	—	—	—
5. Forest	156	121	—	3,996	57	92	2	18	4	45	36	—	—	31	—	47	—	4	1	21	—	21	7	723
Chingford B.	33	14	—	492	18	20	—	2	1	8	4	—	—	7	—	1	—	—	—	—	—	—	—	—
Wanstead and Woodford B.	17	20	—	938	13	25	—	11	—	5	7	—	—	2	—	—	—	—	—	—	—	—	—	—
Chigwell U.	71	46	—	1,176	17	16	1	3	1	17	11	—	—	—	—	—	—	—	—	—	—	—	—	—
Epping U.	5	2	—	147	—	5	—	—	—	—	—	—	—	12	—	2	—	—	—	—	—	—	—	—
Harlow U.*	7	6	—	313	3	12	—	1	—	11	10	—	—	1	—	—	—	—	—	—	—	—	—	—
Waltham Holy Cross U.	3	1	—	139	1	6	1	—	—	1	3	—	—	6	—	—	—	—	—	—	—	—	—	—
Epping and Ongar R. (part of)*	20	32	—	791	5	8	—	1	2	3	1	—	—	3	—	—	—	—	—	—	—	—	—	—
6. Romford B.	149	179	1	2,807	67	55	2	6	4	13	20	—	—	7	1	3	—	—	—	—	—	—	—	—
7. Barking B.	40	49	—	1,570	49	62	1	5	4	11	7	—	—	22	1	34	—	6	—	7	—	21	9	1,898
8. Dagenham B.	104	217	—	2,690	49	53	1	11	5	10	6	—	—	29	3	2	—	1	—	16	1	17	—	3,215
9. Ilford B.	136	518	—	2,961	139	123	1	14	—	15	10	3	—	36	—	64	—	1	—	18	—	50	12	4,101
10. Leyton B.	73	48	—	717	236	103	2	16	2	17	8	—	—	23	1	25	—	—	3	61	—	43	—	1,378
11. Walthamstow B.	148	119	—	1,185	62	62	1	10	3	7	11	—	—	18	4	72	—	1	1	26	1	15	—	1,746
Epping and Ongar R. (Whole)*	33	45	10	930	8	11	—	1	2	7	7	—	—	6	—	—	—	5	—	3	—	11	7	1,086

\* The figures for the parts of the Epping and Ongar Rural District are compiled from copy notifications submitted to the County Council under the Tenth Schedule of the National Health Service Act, 1946. The figures for the whole rural district are given at the foot of the table. Notifications from 1st January—31st March in the area created Harlow Urban District on 1st April are included under Epping and Ongar Rural District.

† Including certain diseases only notifiable in certain parts of the County.

Table V.

## STILL BIRTHS AND INFANT MORTALITY, 1946-55

Health Area and County District			Live Births	Still Births	Infant Deaths	Still birth rate*	Infant mortality rate†	Total (foetal & infant) mortality rate*
Administrative County			255,936	5,579	6,424	21.3	25.1	45.9
Boroughs and Urban Districts			217,831	4,769	5,555	21.4	25.5	46.4
Rural Districts			38,105	810	869	20.8	22.8 L	43.1 L
North-East Essex			27,286	614	700	22.1	25.7	47.1
Colchester B.			9,069	212	227	22.8	25.0	47.3
Harwich B.			2,369	60	71	24.7	30.0	53.9
Brightlingsea U.			602	16	15	25.9	24.9	50.2
Clacton U.			2,961	56	68	18.6	23.0	41.1
Frinton and Walton U.			976	24	35	24.0	35.9 H	59.0
Halstead U.			900	22	30	23.9	33.3	56.4
West Mersea U.			417	7	9	16.5	21.6	37.7
Wivenhoe U.			416	2	8	4.8 L	19.2	23.9 L
Halstead R.			2,416	56	63	22.7	26.1	48.1
Lexden and Winstree R.			3,392	65	82	18.8	24.2	42.5
Tendring R.			3,768	94	92	24.3	24.4	48.2
Mid-Essex			34,252	738	808	21.1	23.6	44.2
Chelmsford B.			6,150	134	172	21.3	28.0	48.7
Maldon B.			1,583	35	35	21.6	22.1	43.3
Saffron Walden B.			1,085	23	32	20.8	29.5	49.6
Braintree and Bocking U.			2,906	68	72	22.9	24.8	47.1
Burnham-on-Crouch U.			618	15	11	23.7	17.8	41.1
Witham U.			1,332	33	31	24.2	23.3	46.9
Braintree R.			3,005	73	81	23.7	27.0	50.0
Chelmsford R.			6,609	117	142	17.4 L	21.5	38.5 L
Dunmow R.			3,066	61	69	19.5	22.5	41.6
Maldon R.			2,363	47	37	19.5	15.7 L	34.9 L
Ongar R.			2,693	68	61	24.6	22.7	46.7
Saffron Walden R.			2,842	64	65	22.0	22.9	44.4
South-East Essex			17,443	349	446	19.6	25.6	44.7
Basildon U.			8,091	167	212	20.2	26.2	45.9
Benfleet U.			2,957	53	84	17.6	28.4	45.5
Canvey Island U.			1,925	35	58	17.9	30.1	47.4
Rayleigh U.			1,471	37	25	24.5	17.0 L	41.1
Rochford R.			2,999	57	67	18.7	22.3	40.6
South Essex			37,863	816	1,055	21.1	27.9 H	48.4 H
Brentwood U.			4,611	114	138	24.1	29.9 H	53.3 H
Hornchurch U.			16,968	362	453	20.9	26.7	47.0
Thurrock U.			16,284	340	464	20.5	28.5 H	48.4
Forest			30,631	655	682	20.9	22.3 L	42.7 L
Chingford B.			6,716	135	129	19.7	19.2 L	38.5 L
Wanstead and Woodford B.			8,686	183	221	20.6	25.4	45.6
Chigwell U.			7,748	159	163	20.1	21.0 L	40.7 L
Epping U.			1,137	37	21	31.5 H	18.5	49.4
Waltham Holy Cross U.			1,392	33	38	23.2	27.3	49.8
Epping R. (including Harlow)			4,952	108	110	21.3	22.2	43.1
Romford B.			16,652	351	423	20.6	25.4	45.5
Barking B.			12,752	302	321	23.1	25.2	47.7
Dagenham B.			19,253	416	553	21.2	28.7 H	49.3 H
Ilford B.			25,918	630	566	23.7 H	21.8 L	45.1
Leyton B.			15,782	319	392	19.8	24.8	44.2
Walthamstow B.			18,104	389	478	21.0	26.4	46.9

\* per 1,000 total births. † per 1,000 live births.

H denotes a rate significantly greater than the County rate and L one significantly less.



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